



Singapore Association of Social Workers

Membership Application / Renewal Form

Membership Category

I would like to apply / renew * for

- Ordinary Membership : For social workers with recognized social work qualifications
- Associate Membership : For social service practitioners without social work qualifications
- Student Membership : For students enrolled in a recognized social work course

Please tick (✓) in the appropriate box. * Please delete as necessary.

Please attach passport sized photograph with your name and NRIC on the reverse side.

Section 1: Personal Particulars

Name (Dr/Mr/Miss/Mrs/Mdm*) _____

Home Address _____

NRIC/Passport No. _____ Gender Male Female

Marital Status Single Married Divorced Widowed

Date of Birth (DD/MM/YYYY) _____ Place of Birth _____

Citizenship _____ Race _____

Home Tel No. _____ Office Tel No. _____ Handphone No. _____

Email Address _____

For official use

Application Form received on _____ Membership ID Assigned _____
 Payment by cash / cheque * \$ _____
 Cheque No: _____

Approved Not Approved

Remarks _____

Recorded by _____
Name & Designation Signature Date

Section 2: Education

If this is your first time applying for membership, please list your university and professional qualifications starting with the most recent. Otherwise, please update your qualifications since last application. All qualifications listed should be accompanied by copies of degree certificates or other documentary proofs. For degrees that do not specify social work as a major, copies of transcripts need to be enclosed. Please use a separate sheet if space is insufficient.

Educational Institution	Qualification	Period of Study (Year From/To)

Section 3: Employment

If this is your first time applying for membership, please list employment history starting with current employment. Otherwise, please update employment records since last application, including current employment. Please use a separate sheet if space is insufficient.

Organisation	Designation	Period of Employment (Year From/To)

Section 4: Field Placement / Practicum

Please list the field placements/practicum undertaken during your social work degree/graduate diploma course below.

Course of Study	Period (Year From/To)	No. of Hours	Organisation Attached To
Total No. of Hours			

Section 5: Other Professional Memberships

If this is your first time applying for membership, please list all memberships, licenses, certifications or registrations which you are holding with other professional associations. Otherwise, please update your professional membership since last application.

Organisation	Membership / License / Certification / Registration	Country	Period of Validity (Year From/To)

Section 6: Character Reference

If you are applying for Associate Membership, please seek the endorsement of 2 character references, who are SASW Ordinary Members, by asking them to complete the section below. For other memberships, please skip this section and proceed to Section 7.

Name of Referee _____ Years Known _____

I am an ordinary member of SASW and have known the applicant for _____ (months/years*) in my capacity as a

- Peer
 Friend
 Previous Employer
 Current Employer

Others (please specify):

Based on my understanding and knowledge of the applicant, I am of the opinion that

- the applicant is of sound moral character and I propose that the Membership Standing Committee consider him/her for Associate Membership.
- the applicant is not of sound moral character and I do not propose that the Membership Standing Committee consider him/her for Associate Membership.

_____ Signature

_____ Date

Name of Referee _____ Years Known _____

I have known the applicant for _____ (months/years*) in my capacity as a

- Peer
 Friend
 Previous Employer
 Current Employer

Others (please specify):

Based on my understanding and knowledge of the applicant, I am of the opinion that

- the applicant is of sound moral character and I propose that the Membership Standing Committee consider him/her for Associate Membership.
- the applicant is not of sound moral character and I do not propose that the Membership Standing Committee consider him/her for Associate Membership.

Signature

Date

Section 7: Personal Declaration

1. Are you currently involved in any inquiry concerning your professional conduct in any profession including social work? Yes No
2. Have you had your membership in any profession revoked or suspended, or had your membership privileges withdrawn? Yes No
3. Have you been the subject of disciplinary action by any employer, social work agency, licensing body or association? Yes No
4. Have you been charged for a felony, misdemeanour or any other crime, regardless of whether a sentence had been imposed or suspended, or do you have any criminal charges pending or unresolved within or outside Singapore? Yes No
5. Have you been addicted to the use of and/or been treated for the abuse of alcohol, narcotics or any other habit-forming drugs/substances? Yes No
6. Have you been medically diagnosed with any mental/physical condition which could prevent you from competently and safely carrying out the essential functions of the social work profession? Yes No
7. Have you been or are you under any financial situation/embarrassment i.e. (a) an undischarged bankrupt, (b) a judgment debtor, (c) have unsecured debts and liabilities of more than 3 months of last-drawn pay, (d) have signed a promissory note or an acknowledgement of indebtedness? Yes No
8. If your answer is yes to any of the above questions, please furnish details below:

Section 8: Areas of Interest

To help the Association and the committees in the planning of its activities (e.g. workgroups, annual events), please indicate your areas of interest so that we can better serve you.

<input type="checkbox"/> Publications/ Newsletters / Annual Reports (Editorial)	<input type="checkbox"/> Planning of Courses for Continuing Professional Education
<input type="checkbox"/> Public Relations / Media & Press	<input type="checkbox"/> Training / Giving Talks
<input type="checkbox"/> Advocacy Workgroup	<input type="checkbox"/> Career Talks at Exhibitions and Schools
<input type="checkbox"/> Events (e.g. Social Workers Day Celebration)	<input type="checkbox"/> Induction Camps
<input type="checkbox"/> Research / Surveys	<input type="checkbox"/> Mentoring Programme

Any others (please specify):

Section 9: Signature

I hereby accept full responsibility for the accuracy and completeness of the information and accompanying documents contained herein and understand that any false or misleading information in or in connection with my application may be cause for my application being rejected.

I hereby authorise the Singapore Association of Social Workers (SASW) to verify all information contained herein. I shall accept the decisions of the Executive Committee of the Association as final and binding.

I declare that I have read the Association's Constitution and Code of Professional Ethics and agree to uphold and abide by them if my application is accepted, including any By-laws and Regulations of the Association.

I shall accept as final and binding the decisions of the Association's Executive Committee, or any Standing Committees on all matters dealt with by them in accordance with the provisions of the said Constitution, Code, By-laws and Regulations, and that I shall undertake to promote the objects of the Association to the best of my ability.

Signature

Date

Section 10: Checklist

Please check (√)
that you have

- Completed all relevant sections of this application form
- Enclosed copies of educational qualifications if applicable (Section 2)
- Obtained endorsement of 2 Character Referees duly completed (Section 6)
- Signed off this application (Section 9)

Membership Fee is \$120 for 2 years for Ordinary and Associate Membership, and \$10 for 2 years for Student Membership. Each term of membership is 2 years. New applicants will have to pay an entrance fee of \$20. There will be no administration charge for renewal of membership. However, members whose membership has lapsed for one month or longer will have to pay an administrative charge of \$20. Please check with the Association if unsure of membership status. Kindly enclose payment through a crossed cheque addressed to "Singapore Association of Social Workers" with your name, NRIC number and contact number indicated on the reverse side.

Please mail your completed application form, cheque and supporting documents to:
Singapore Association of Social Workers
Blk 324, Clementi Avenue 5 #01-209, Singapore 120324.

Please allow up to 8 weeks for processing of your application. Should you have any queries, please contact us at: membership@sasw.org.sg or Tel: 67787922 or Fax: 67780609.