

Have you undertaken at least 10 hours of supervision within the past 12 months? Yes OR No

* If no, you will need to meet the supervision requirements before proceeding to submit this application.

Criterion 4: Continuing Professional Development

Applicants for re-instatement of AFVSW status need to be able to demonstrate the completion of CPD requirements; these CPD requirements must also be completed to maintain accreditation status. For further information regarding the CPD requirements please click [here](#).

Have you recorded the professional development you have engaged in for the financial year using 'My CPD Record' and have you met the Accredited Family Violence Social Worker CPD requirements? Yes OR No

*If no, you will need to meet the CPD requirements before proceeding to submit this application.

Criterion 5: Demonstrated Family Violence specialist practice

If you have previously held AFVSW accreditation, you are automatically deemed as meeting this criterion. You do not need to re-submit responses to the case studies.

Criterion 6: Referee statement

All applicants for re-instatement of AFVSW accreditation are required to submit a [Referee Statement Form](#) completed by an employer or supervisor either past or present. It is necessary for the referee to confirm the claims made by the applicant. The primary purpose of the referee statement is to seek information about the applicant's skills and competencies in practice. The referee statement also needs to verify that you have met your Recency of Practice Hours in a family violence related position nominated in Criterion 2 of this application. If one employer/supervisor is not able to verify your work, please arrange for an additional employer/supervisor to complete a referee statement document.

Payment of fee:

The reinstatement is \$100. The annual membership fee is \$150. At the time of application, we request that you pay both the application fee and the annual membership fee totalling \$250. Should your application be withdrawn or determined as unsuccessful, the membership component of the fee will be refunded.

Credit Card Type

Name on Credit Card

Mastercard

Visa

Card Number

Card Expiry (MM/YY) CVV

Amount payable: \$250.00

Cardholder's Signature

Applicant's declaration and consent:

You must read and sign the following declaration.

I declare that:

- The information I have supplied on this form and any attachments are complete, correct and up-to-date.
- I understand that any misleading statement or omission may cause my application to be rejected.
- I undertake to inform the AASW of any changes to my circumstances (e.g. address).
- I authorise and consent to the AASW making any enquiries necessary to assist in the assessment of my qualifications and experience and to use any information supplied in this application for that purpose.
- If re-instatement of AFVSW status is awarded, I will adhere to meeting the ongoing membership requirements for the AASW and family violence accreditation.
- I understand that the AASW is responsible for the ongoing monitoring of my eligibility for AFVSW status.
I consent to the AASW conducting random audits of AFVSWs Continuing Professional Development and recency of practice requirements as well as correct use of the AFVSW trademark. T

Signature:

Date:

How to lodge your application and supporting documentation:



AASW, Professional Standards and Assessment
PO Box 2008, Royal Melbourne Hospital,
Victoria 3050



credentialing@asw.asn.au