

# Referee Statement

## Explanatory notes for employers/supervisors completing this reference

You have been asked to complete this statement by a social worker (applicant) who is seeking to become accredited by the Australian Association of Social Workers (AASW) as an AASW Accredited Disability Social Worker (ADSW).

There are 6 criteria/components to the accreditation process. An applicant must:

- Hold current membership of the AASW;
- Have at least 2 years' full-time equivalent (FTE) **post-qualifying** social work experience in a disability setting or demonstrably related position within the past five years. An applicant must be able to articulate how their experience meets the [AASW Disability Social Worker Capability Statement](#);
- Have received at least 2 years' full-time equivalent (FTE) post qualifying supervision in a disability setting or demonstrably related position within the past five years;
- Have met the current ADSW Continuing Professional Development requirements as outlined in the AASW CPD Policy;
- Arrange an employer or supervisor to provide a referee statement confirming skills, competencies and 2 years' full time equivalent (FTE) experience have been completed within the past 5 years in line with the recent practice requirement.

For further information about the criteria please refer to the AASW Requirements and Application form as listed below.

The AASW requires information on the applicant's capabilities to practice according to the [AASW Disability Social Worker Capability Statement](#).

Please note that you **may** be contacted directly by the assessing officer if further clarification is needed.

In preparing your reference you may find it helpful to refer to the definitions and documents that follow these explanatory notes.

## Documents

[AASW Disability Social Worker Capability Statement](#)

AASW [Supervision Standards](#) 2014

## Section 1: Referee Statement

This is to be completed by an employer/supervisor - past or present.

*Please note: you must 'Save As' before completing the document.*

Applicant's name:

### Your personal details:

Preferred title:  Mr  Mrs  Ms  
 Miss  Dr  Other

Full name:

Position/job title:

Organisation:

Address for correspondence:

Town/Suburb:

State:  postcode:

Work phone:  Email:

(include area codes)

### Relationship with applicant:

Please describe your relationship with the applicant and the nature of your role as employer/supervisor. Please include relevant dates and details of the practice setting in which you work (or worked) with the applicant. If you require more space, please feel free to attach a separate typed and signed page.

If possible, please provide comments regarding the applicant's employment equivalence within the last 5 years, (for example 'the applicant currently is employed 0.8 FTE however, from Jan 2016 – Feb 2019 was employed full time').

**Qualifications:**

Please state your qualifications (including your supervision training).

**Experience:**

Please state your experience in the disability field and your supervision experience.

## Section 2: AASW Accredited Disability Social Worker – Referee Statement

The [AASW Disability Social Worker Capability Statement](#) is used by applicants applying for accreditation to demonstrate their knowledge, skills and experience in the disability field. We structured this referee statement using this Framework as a foundation, please refer to this as you complete this referee statement.

Please tick the appropriate box against each of the capabilities listed to indicate that, in your view, the applicant meets or does not meet this capability. There is additional space for comments if required.

<b>Capability 1: Knowledge of theoretical, legislative policy and practice frameworks</b>		<b>Competent</b>	<b>Requires Development</b>	<b>Have not observed / not relevant</b>
<b>Ability 1a</b>	Demonstrates theoretical understandings of disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 1b</b>	Demonstrates comprehensive knowledge of the various contexts for practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 1c</b>	Engages appropriately with those from diverse communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further comments:

<b>Capability 2: Engagement</b>		<b>Competent</b>	<b>Requires Development</b>	<b>Have not observed / not relevant</b>
<b>Ability 2</b>	Engages appropriately with individuals, their families, groups and policy makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further comments:

Capability 3: Knowledge and skills for key practice areas		Competent	Requires Development	Have not observed / not relevant
<b>Ability 3a</b>	Social inclusion and belonging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 3b</b>	Excellence in case management and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 3c</b>	Ethical issues – practice dilemmas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 3d</b>	The law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 3e</b>	Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 3f</b>	Complexity and intersectionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability 3g</b>	Social work leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further comments:

	Yes	No
<b>In your professional opinion is the applicant capable of practicing in accordance with the AASW Disability Social Worker Capability Framework?</b>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a final referee statement related to the applicant.

## Section 4: Declaration

I declare that:

1. The information I have supplied on this form and any attachments is complete, correct and up to date.
2. I have read and understood the information supplied to me in the explanatory notes accompanying this application.

Signature:

Date:

## Further information or to submit:

Feel free to call the Accreditation and Standards Team for assistance on 03 9320 1000.

Please either return this reference to the applicant, or if you prefer, forward directly [credentialing@asw.asn.au](mailto:credentialing@asw.asn.au)