

*Application for membership eligibility assessment for a social worker with a recognised social work qualification completed in New Zealand and holding full, current registration with the NZSWRB*

*in confidence (when completed)*

## IMPORTANT

The Mutual Recognition Agreement (the MRA) will only apply to:

- Social workers who have completed a recognised New Zealand social work qualification, are currently fully registered with the NZSWRB and are eligible to hold an Annual Practising Certificate (APC).

Please note this application is for **membership eligibility purposes only** if you require a migration skills assessment as part of an application to the Department of Home Affairs please use the **MRA Migration Skills Assessment Application Form**. Please note the MRA also applies to Migration Skills Assessments.

As of 1 April 2016 the NZSWRB will be charging a fee for the requests of 'Certificates of Good Standing'. Applicants will be invoiced by the NZSWRB for the fee. Once paid by the Applicant, the Certificate of Good Standing will be issued to AASW to finalise the application.

## Application form checklist:

Do you hold a social work qualification which you completed in New Zealand which is recognised by the New Zealand Social Workers Registration Board?

- List of Current and historic recognised New Zealand social work qualifications is available [here](#).
- Do you currently hold **FULL** registration with the NZSWRB?
- Are you currently eligible to hold an Annual Practising Certificate?

If you answered yes to **ALL** of these questions then you are eligible to apply for your assessment under the MRA between the AASW and the NZSWRB and can proceed to use this form.

If you answered **NO** to one or more of these questions then you are ineligible to apply under the MRA and you must apply for an individual assessment of your qualification. For further information regarding how you apply please click [here](#).

**You must include the following information with this application: (failure to submit all required documentation may delay your assessment)**

- Certified copy of qualification papers (ie. degree certificate) (undergraduate and/or postgraduate);
- Certified copy of identity page of passport
- Evidence of meeting the [English language requirements](#), please refer to the relevant titled document for further information; if exemption requirement is met both secondary and tertiary qualifications are required to be lodged.
- If applicable evidence of change of name, certified copy of change of name document (ie. marriage certificate);
- Sign the declaration in Section 2 and Section 6
- Assessment fee, please see Section 7 for further information

## 1. Your personal details:

Preferred title:  Mr  Mrs  Ms  Miss  Dr  Other

Your family name:

Given name/s:

Any other names you have used: (ie: before marriage etc)

Sex:  Male  Female Date of Birth:

Contact details for correspondence:

Address:

Town/Suburb:

State:

Country:  Postcode:

Work phone:  Home phone:   
include area codes include area codes

Email:

## 2. Registration details:

Are you registered with the NZSWRB?  Yes OR  No

Name as listed on NZSWRB Register:

NZSWRB Registration Number:

Do you hold Full Registration? Yes OR No

Are you eligible to hold an Annual Practising Certificate?  Yes OR  No

I authorise the AASW to confirm my registration status with the New Zealand Social Workers Registration Board.

I authorise the New Zealand Social Workers Registration Board to issue a letter of good standing to the AASW.

**Signature**  **Date**

### 3. Your post secondary or higher education:

#### Qualification 1

Give details regarding your social work degree, what is the name of the qualification you have obtained?

Name of institution:

Address of institution:

What is the normal entry requirement for this course?

Normal length of full time course:   Years OR  Semesters

Normal length of semester/term:   Weeks OR  Months

What was the length of time which you took to complete the course?   Years OR  Months

Date course commenced:  Date course completed:

Date conferred:

If length of time it took you to complete the course, was different to the normal length, please provide reasons:

Was this course completed full time or part time?  Full time OR  Part time

If other please described:

If part time, how many hours per week :

**Field education work placements**

Field education work placements are concurrent with and are a required part of the social work training. Each placement undertake concurrently with your course should be described separately below, if you have completed more than two placements, please attach and sign separate sheets of paper providing the required information.

**A. Name of agency:**

Period of placement:  to

Total number of days of placement:  Number of hours per day:

Total hours completed over the duration of the placement:

List the names and qualifications of supervisors:

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

**B. Name of agency:**

Period of placement:  to

Total number of days of placement:  Number of hours per day:

Total hours completed over the duration of the placement:

List the names and qualifications of supervisors:

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

## Qualification 2

If you completed a Master of Social Work and/or graduate entry Master of Social Work please provide details about your undergraduate degree. What is the name of the qualification you have obtained?

Name of institution:

Address of institution:

What is the normal entry requirement for this course?

Normal length of full time course:   Years OR  Semesters

Normal length of semester/term:   Weeks OR  Months

What was the length of time which you took to complete the course?   Years OR  Months

Date course commenced:  Date course completed:

Date conferred:

If length of time it took you to complete the course, was different to the normal length, please provide reasons:

Was this course completed full time or part time?  Full time OR  Part time

If other please described:

If part time, how many hours per week :

## 4. Evidence of English language:

Have you: (please tick one box as applicable and attach the relevant evidence)

- Obtained a minimum score of 7.0 or higher in EACH component (listening, reading, writing and speaking), in one sitting of the Academic IELTS (International English Language Testing System) test. This may be waived where applicants have met the educational requirements for English language (see Exemptions below), **OR**;
- Completed all secondary education, that was taught and assessed in English, in Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or United States of America **AND** successfully completed (with a pass grade or higher) the equivalent of three years or more full-time tertiary study (at Bachelor Degree level or higher), that was taught and assessed in English, in Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or United States of

Applicants may demonstrate English language proficiency in the following ways:

- Submission of certified Academic IELTS test results, or

If eligible for the exemption above:

- Submission of certified copies of secondary results a letter from your secondary school or the relevant department of education in the country of study which states that your secondary education was completed, taught and assessed in the English language, AND submission of certified copies of tertiary results evidencing that they were successfully completed, taught and assessed in the English language.
- Where certified copies of secondary and/or tertiary results cannot be supplied, a Statutory Declaration certifying that the education was successfully completed, taught and assessed in the English language may also be acceptable

For more information about [statutory declarations](#), please read our [Frequently Asked Questions page](#).

Please see the [English language requirements document](#) for further details.

## 5. Additional information:

Any additional comments or information which you feel may be relevant to your application can be inserted in the below table.

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## 6. Applicant's declaration:

All applicants are asked to answer the following question. Please note that applicants are only asked to declare CURRENT suspensions or ineligibilities, in recognition that it is only current matters which are relevant to the AASW. Please see the [Declaration of Overseas Professional Conduct Matters](#) policy for further information.

Are you currently suspended to hold, or ineligible to hold, or have conditions on a professional licence, registration or membership of a relevant professional body in another country?

Yes (please provide specific details)

No

If yes please attach one or both of the following to your application

1. Links to any publicly available official documentation regarding the decision, where a body makes such information available publicly on their website
2. Enclosure of certified copies of any correspondence from the professional body regarding the decision.

- I authorise the AASW to verify the information provided with any relevant overseas bodies
- I understand the AASW will undertake its own checks and verifications regarding what I have disclosed
- I confirm that I have responded to the "Declaration of overseas professional conduct matters" truthfully and fully, and I understand that if I fail to declare a matter this may result in the removal of my AASW membership eligibility in the future
- The information I have supplied on this form and any attachments are complete, correct, up-to-date and is true to the best of my knowledge;
- I undertake to inform the AASW of any changes to my circumstances (e.g. address) while my application is being considered;
- I authorise the AASW to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose; and
- I have read and understood the information provided that is relevant to this application

**Signature**

**Date**

## 7. Payment of fee:

Please refer to the Fee Schedule for the correct assessment fee amount, all fees are listed and need to be paid in Australian Dollars.

I choose to pay by:

Bank cheque

Money order

Master card

Visa card

Credit card number:  Expiry:

Amount in AUD\$:

Cardholders name:

Cardholder's signature:

## 8. How to lodge your application:

Please keep a copy of the application form and all attachments for your own records. The application and attachments will be stored confidentially by the AASW and cannot be returned to the applicant. Please mail your application form, supporting documentation and assessment fee to:

### **Postal address:**

PO Box 2008  
Royal Melbourne Hospital  
Victoria, Australia 3050

### **Courier address**

14-20 Blackwood Street  
North Melbourne Victoria 3051  
Australia

We will notify you via email upon receipt of your application.