



Application for Admission to the Australian College of Social Work

Application Form: Entry Point A

To be completed by applicants who are qualified social workers and who hold a relevant post-qualifying master's degree or doctorate from an Australian or recognised overseas university and who are applying for membership of the College.

Section 1: Applicant Details

1. Name in full (*please ensure your AASW membership contact details are up to date*)

Title: _____ Surname: _____

Given Names: _____

Prefer to be known as: _____

AASW Membership No.: _____

2. Please confirm (tick the box)

I have 5 years plus post qualifying experience in professional social work practice

I have completed the following relevant post-qualifying study:

A master's degree

A doctorate

My nominated area of Advanced Practice is:

* _____

* _____

* _____

Section 2: to be completed by applicant

Criterion 1 *Area of advanced practice*

Please provide a short statement (approx: 150 words) nominating your area of advanced practice

Criterion 2.1: Curriculum vitae

Please attach a copy of your cv to this application, no longer than 5 A4 pages (font size 10 +) to this application.

Criterion 2.2: Advanced practice

Please provide a short statement linking your area of post-qualifying postgraduate study to professional experience in your CV.

Criterion 3 Post-Graduate Education

Post-Graduate Qualifications – Please list below all post-graduate qualifications gained since completing your social work degree.

Please provide and attach to this application a certified copy of each of your post graduate qualifications.

NAME OF EDUCATIONAL INSTITUTION	QUALIFICATION	DATE COMPLETED	FOR RESEARCH DEGREES	
			TITLE OF RESEARCH	NAME OF SUPERVISOR

Criterion 4 Continuing Professional Development

Please confirm (tick the box)

- I am an Accredited Member (or an Accredited Mental Health Social Worker) and have met the Accredited Member CPD Goal requirements for the past two years.
- My Accredited Member CPD has been updated on the AASW Website (required)

Criterion 5 Referees

Please attach the requested information to this application your referee statements to this application. The referee statement template can be downloaded from here: <http://www.aasw.asn.au/document/item/9019>

Please provide TWO referee statements, with at least one being from a qualified social worker.

Name of Referee 1 (Must be a Qualified Social Worker)

Preferred title	Mr	Mrs	Ms	Miss	Dr	Other
Full name:						
Position/job title:						
Organisation:						
Address for correspondence:						
Town/Suburb:						
State:						
Postcode:						
Work phone: (include area codes)						
Email:						

Name of Referee 2 (may or may not be a qualified social worker)

Preferred title	Mr	Mrs	Ms	Miss	Dr	Other
Full name:						
Position/job title:						
Organisation:						
Address for correspondence:						
Town/Suburb:						
State:						
Postcode:						
Work phone: (include area codes)						
Email:						