

If you answered NO to one or more of the above questions, your application will not be accepted. You must be able to demonstrate recency of practice, as outlined above, as well as all other specified criteria in this application, to proceed with this application. If you are not eligible to apply for re-instatement of AMHSW status, please refer to the [Mental Health](#) page for information about applying for AMHSW status. For queries about eligibility for re-instatement of AMHSW status or eligibility to apply, please refer to our website. You may contact the Mental Health team on mentalhealth@asw.asn.au or 03 9320 1000.

If you answered YES to both of the above questions, please proceed with this application form.

- c. I have attached an up-to-date curriculum vitae to this application.
Please note, we may contact employers and/or referees to verify experience.
- d. Position Description: Please provide a PD for each position nominated to count towards your required recency of practice hours. You will need a referee statement for each Job Title.

Job Title 1: _____ Employer: _____

Start Date: _____ Finish Date: _____ Weeks Worked: _____ Hours/Week: _____
 DD/MM/YY DD/MM/YY

Key roles and responsibilities:

Job Title 2: _____ Employer: _____

Start Date: _____ Finish Date: _____ Weeks Worked: _____ Hours/Week: _____
 DD/MM/YY DD/MM/YY

Key roles and responsibilities:

Job Title 3: _____ Employer: _____

Start Date: _____ Finish Date: _____ Weeks Worked: _____ Hours/Week: _____
 DD/MM/YY DD/MM/YY

Key roles and responsibilities:

Criterion 3: Supervision

Applicants for re-instatement should be able to show that their practice has been formally supervised, in line with the [AASW Supervision Standards 2014](#). Generally, supervisors should have a higher level of practice experience than their supervisees, and should have some training in supervision. For the purposes of re-instatement of AMHSW status, the supervisor or employer does not necessarily need to have a social work background, but should have provided the applicant/ supervisee with appraisal and assessment in relation to practice in a mental health field (ie: psychologist; medical practitioner, or a mental health nurse). As per the Continuing Professional Development (CPD) Policy, you must have undertaken at least 10 hours of supervision within the past 12 months.

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 AMHSW 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 Mental Health 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 clinical social work practice

If you have previously held AMHSW 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 AMHSW 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 mental health 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 \$208. At the time of application, we request that you pay both the application fee and the annual membership fee totalling \$308. 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: \$308.00

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 AMHSW status is awarded, I will adhere to meeting the ongoing membership requirements for the AASW and mental health accreditation.
- I understand that the AASW is responsible for the ongoing monitoring of my eligibility for AMHSW status. I consent to the AASW conducting random audits of AMHSWs Continuing Professional Development and recency of practice requirements as well as correct use of the AMHSW trademark. The AASW will inform Medicare Australia, should my AMHSW accreditation be temporarily suspended or permanently removed.

Signature:

Date:

How to lodge your application and supporting documentation:



AASW, Mental Health Team
PO Box 2008, Royal Melbourne Hospital,
Victoria 3050



mentalhealth@[asw.asn.au](mailto:mentalhealth@asw.asn.au)