

Referee Statement: Application for Reinstatement of Accredited Mental Health Social Worker (AMHSW) status

Explanatory notes for employers/supervisors completing this reference

You have been asked to complete the following form by a social worker who is seeking to apply for reinstatement of Accreditation as a Mental Health Social Worker (AMHSW). Accreditation qualifies the social worker to register with Medicare Australia for a Medicare Provider Number.

There are 6 criteria/components to the accreditation process. An applicant (social worker) must:

- Hold current membership of the AASW
- Meet the Recency of Practice Requirements for Reinstatement of Credentials. An applicant must be able to articulate how their experience meets the AASW Practice Standards for Mental Health Social Workers 2014; You must meet only ONE of the following to meet the recency of practice requirements:
 - ❖ A minimum of 750 hours over the previous five years; OR
 - ❖ A minimum of 450 hours over the previous three years; OR
 - ❖ A minimum of 150 hours over the previous 12 months.
- Have received post qualifying supervision in a mental health or demonstrably related position in accordance with the Recency of Practice required hours and Timelines;
- Have met the current AMHSW Continuing Professional Development requirements;
- Demonstrate ability and knowledge of Clinical Social Work Practice;
- Arrange an employer or supervisor to provide a referee statement confirming skills, competencies and experience in accordance with the Recency of Practice required hours and Timelines;

For further information about the criteria please refer to the AASW Application for reinstatement of Accredited Mental Health Social Worker (AMHSW) status as listed below.

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 [Application for reinstatement of Accredited Mental Health Social Worker \(AMHSW\) status](#)

AASW [Practice Standards for Mental Health Social Workers](#) 2014

AASW [Supervision Standards](#) 2014

Further information or to submit

Feel free to call the Mental Health Team for assistance on 03 9320 1077.

Please either return this reference to the applicant, or if you prefer, forward directly to:

mental.health@aasw.asn.au

or

Mental Health team
Australian Association of Social Workers
PO Box 2008
ROYAL MELBOURNE HOSPITAL VIC 3050

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 timeframe required to meet recency of practice hours i.e.: 150/450/750 hours over 1/3/5 years respectively); e.g. 'the applicant is employed 0.8 FTE however, from Jan 2019 - Oct 2020 was employed full time').

Qualifications:

Please state your qualifications and experience in the mental health field.

Section 2: Referee Statement

Please provide a referee statement related to the applicant. Please include your assessment of the applicant's capability, knowledge and skills to provide clinical social work services in the mental health field. Information about the applicant's knowledge and use of evidence based therapeutic interventions would be useful to include. A suggestion is to try and keep your entry to 500 words. If you require more space, please feel free to attach a separate typed and signed page.

Section 3: 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:

How to submit:

You can return this referee statement to the applicant, or if you prefer, forward directly to:

mental.health@asw.asn.au

or

Mental Health team

Australian Association of Social Workers

PO Box 2008

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