

Application Form for Registration as a Social Worker: General Certificate of Registration for Social Work



Ontario College of
Social Workers and
Social Service Workers

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Registered Social Worker in a Canadian Province (other than Ontario), the Northwest Territories or the Yukon

Only use this form if you are applying on the basis of your current registration as a social worker with one or more Canadian social work regulatory authorities¹.

PLEASE READ THE REGISTRATION GUIDE BEFORE COMPLETING THE APPLICATION FORM

- Complete all sections of the Application Form. If a section is not applicable, indicate N/A.
- Incomplete applications cannot be processed and will be returned.
- Mail the completed and signed application form and supplemental form, if applicable, to the Ontario College of Social Workers and Social Service Workers.
- Faxed, e-mailed or photocopied forms will not be accepted.
- Enclose a copy of your current licence, certificate of registration or permit with your application.
- Ensure you forward a copy of the In Good Standing Certificate to each Canadian social work regulatory authority where you are currently registered as a social worker.

1. Preferred Language of Communication:

English

French

2. Personal Identification

Print your name exactly as you wish it to appear on your certificate of registration.

Surname

First Name

Middle Name

List other name(s) by which you are, or have been, known.

Previous Name(s)

Professional Name(s)

Other

Date of Birth:

DAY | MONTH | YEAR

Male

Female

¹ "Canadian social work regulatory authority" means a body that is authorized, under an Act of a Canadian province or the Northwest Territories or the Yukon, to issue a certificate of registration, licence, or permit which attests to the individual being qualified to practise the profession of social work and authorizes the individual to practise the profession of social work or to use a title or designation relating to the profession or both.

3. Home Address and Contact Information

Street:	Apt/Bldg:	
Post Office Box:	City:	
Province/State:	Postal Code:	Country:
Home Telephone (include area code):	Home Fax (include area code):	
Home E-mail:	Cell phone (include area code):	OPTIONAL

4. Business Address and Contact Information

If you have more than one place of business/employment, please indicate your principal place of business/employment.

Name of Business or Employer:

Street:	Apt/Bldg:	
Post Office Box:	City:	
Province/State:	Postal Code:	Country:
Business Telephone (include area code):	Extension:	
Business Fax (include area code):	Business E-mail:	

5. Language

In order to be registered in the College, you must demonstrate that you are able to speak and write either English or French with reasonable fluency unless the Canadian social work regulatory authority with which you are registered had language proficiency requirements for registration that are equivalent to the requirements of the College.

Is English your primary language of communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is French your primary language of communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was English your language of educational instruction in social work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was French your language of educational instruction in social work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently provide social work services principally in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently provide social work services principally in French?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Citizenship (select only one)

I am	<input type="checkbox"/> a Canadian citizen;
or	<input type="checkbox"/> a permanent resident of Canada;
or	<input type="checkbox"/> authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of social work (NOTE: Attach a photocopy of authorization to this form);
or	<input type="checkbox"/> none of the above – please specify:

7. Release of Information from the Register for Research Purposes

- I consent to the release of information pertaining to me which is contained in the Register of the College to a person or an organization for the purpose of research. **OR**
- I do not consent to the release of information pertaining to me which is contained in the Register of the College to a person or an organization for the purpose of research.

8. Licences, Permits, or Certificates of Registration for social work issued by a Canadian Social Work Regulatory Authority

If you already hold a current licence, permit and/or certificate of registration for social work issued by a Canadian social work regulatory authority, please provide a copy of every licence, permit and/or certificate of registration and the following information for each such licence(s), permit(s) and/or certificate(s) of registration:

Name of Canadian social work regulatory authority:

Registration number:

Date of initial registration:

Registration valid until:

Name of Canadian social work regulatory authority:

Registration number:

Date of initial registration:

Registration valid until:

Download, print and complete **PART A of the In Good Standing Certificate** for every Canadian social work regulatory authority with which you are currently registered. Send the Certificate to each regulatory authority and request that they complete Parts B and C, and that they return the completed Certificate directly to the Ontario College of Social Workers and Social Service Workers

9. Practice of Social Work

Have you engaged in the practice of social work within the five years immediately before the date of this application? Yes No

If you answered YES, please provide the following information regarding your employment within the last five years:

Name of Employer:

Business Address of Employer:

Dates of Employment:

From:

To:

Name/Title of Position:

Position Duties and Responsibilities:

Name of Employer:

Business Address of Employer:

Dates of Employment:

From:

To:

Name/Title of Position:

Position Duties and Responsibilities:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential: Student I.D. #

10. B) Academic Background: (optional, for information purposes)

Please list the post-secondary diplomas or degrees you have obtained:

Name and address of Institution:

Degree obtained:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Name and address of Institution:

Degree obtained:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential:

11. Professional Conduct

a. Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity or any other similar finding, including a finding of professional misconduct, incompetence or incapacity made by a professional association or other body that has self-regulatory responsibility, whether in Ontario or any other jurisdiction, in relation to the practice of social work, social service work, or any other profession?

Yes No

b. Are you currently the subject of a proceeding in relation to professional misconduct, incompetence or incapacity or any other similar proceeding (for example, a complaint or discipline proceeding), including a proceeding relating to professional misconduct, incompetence or incapacity held by a professional association or other body that has self-regulatory responsibility, whether in Ontario or any other jurisdiction, in relation to the practice of social work, social service work or any other profession?

Yes No

c. Have you ever been found guilty of a criminal offence in Canada or in any jurisdiction outside of Canada?

Yes No

d. Have you ever been found guilty of an offence under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada) or any other offence relevant to your suitability to practise social work?

Yes No

If your answer is "Yes" to any of the above questions, you must provide full particulars on a separate sheet of paper and attach it to this form. A "Yes" response does not necessarily make the applicant ineligible for registration in the College. The College reserves the right to decide on an individual basis as to the possible impact of the conduct on social work practice.

If the information provided under this Item 11 changes after you have applied for registration but before you are issued a certificate of registration, you must immediately inform the Registrar in writing.

12. Voting Category

a) Are you currently a member of the College in the social service work category? Yes No

b) If you answered "no" to (a), have you applied to become a member of the College in the social service work category? Yes No

c) Since members are eligible to vote in only one membership category, if you are registered in both categories, please indicate whether you prefer to vote as a: Social Worker Social Service Worker

13. Declaration and Authorization

I declare that all the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in or in connection with this application is cause for revocation of my certificate of registration with the Ontario College of Social Workers and Social Service Workers (the College).

I agree to notify the College in writing within 30 days of any change(s) to any information contained on this form.

I hereby authorize the College to contact any authority, institution, association, body or person in any jurisdiction to verify the information set out in this application and hereby authorize any such authority, institution, association, body or person to release to the College any information relevant to the information set out in this application.

I understand that my name, class of certificate of registration, business address(es), business telephone number(s) and name of my employer or business, as well as other information listed in the *Social Work and Social Service Work Act, 1998* and by-laws, is information which is available to the public. I also understand that if I provide my home address as my business address, my home address will be information which is available to the public.

Print Name:

Signature:

Date of Application:

* If disclosure of your business address(es), business telephone number(s) or name of your employer or business may jeopardize your safety, please advise the Registrar in writing. The Registrar will assess whether there is a basis for this information not to be made available to the public. In addition, if you use a pseudonym in your practice of social work because it is necessary for your personal safety, please advise the Registrar in writing. In both cases, provide written details.

14. Application and Registration Fee

Registration Fee: \$270.00

Application Fee: \$ 75.00

Total: \$345.00

Please note the following:

- The Application Fee is not refundable
- Payment must be made in full and may be made by cheque, money order or credit card
- Post-dated payment (cheque or credit card) will not be accepted
- There will be a \$25.00 charge for any cheque/credit card that is not honoured

Enclose with the application a cheque or money order, in the correct amount, made payable to the Ontario College of Social Workers and Social Service Workers for the TOTAL amount of the application fee and the applicable registration fee.

Amount of cheque enclosed \$

OR Complete the following credit card information (PLEASE PRINT CLEARLY)

VISA MASTERCARD

Card number:

Expiry date:

Name as it appears on the credit card:

Amount authorized:

Signature of card holder: