

Application Form for Registration as a Social Service Worker



Ontario College of
Social Workers and
Social Service Workers

250 Bloor St. E.
Suite 1000
Toronto ON M4W 1E6

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Toll Free: 1-877-828-9380
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www.ocswssw.org

General Certificate of Registration for Social Service Work Combination of Academic Qualifications and Experience Performing the Role of a Social Service Worker

Part I

Use this application form if you have a combination of academic qualifications and experience that is substantially equivalent to the qualifications required for a diploma in social service work from a social service work program offered in Ontario at a College of Applied Arts and Technology.

PLEASE READ THE REGISTRATION GUIDE BEFORE COMPLETING THE APPLICATION FORM

- Please print clearly.
- 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 to the Ontario College of Social Workers and Social Service Workers.
- Faxed, emailed or photocopied forms will not be accepted.

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

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 Email:

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 Email:

5. Language

In order to be registered in the College (OCSWSSW), you must demonstrate that you are able to speak and write either in English or French with reasonable fluency.

Is English your primary language of communication?

 Yes No

Is French your primary language of communication?

 Yes No

Was English your language of educational instruction in social service work?

 Yes No

Was French your language of educational instruction in social service work?

 Yes No

Do you currently provide social service work principally in English?

 Yes No

Do you currently provide social service work principally in French?

 Yes No**6. Citizenship** (select only one)

I am

 a Canadian citizen;

or

 a permanent resident of Canada;

or

 authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of social service work**(NOTE: Attach a photocopy of authorization to this form);**

or

 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 (OCSWSSW) 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 (OCSWSSW) to a person or an organization for the purpose of research.

8. Academic Qualifications

The OCSWSSW requires verification of your academic qualifications and any courses you wish to have considered. It is your responsibility to ensure that the OCSWSSW receives transcripts of your academic credentials, as well as transcripts of any other courses that you completed and wish to have considered, sent **directly** to the OCSWSSW from your academic institution.

Do you have a diploma from a College of Applied Arts and Technology in Ontario? Yes No

Name and address of institution:

Diploma obtained:

Length of Program:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Student I.D. #

Do you have a College or University diploma other than a diploma from a College of Applied Arts and Technology in Ontario? Yes No

Name and address of institution:

Diploma obtained:

Length of Program:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Student I.D. #

Do you have a degree from a University? Yes No

Name and address of institution:

Degree obtained:

Convocation Date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Student I.D. #

9. Course Content of Academic Program:

In order to assess whether you have a combination of academic qualifications and experience that is substantially equivalent to the qualifications required for a diploma in social service work from a social service work program offered in Ontario at a College of Applied Arts and Technology, the OCSWSSW requires a detailed description of the courses you completed and for which course credits were obtained.

Refer to the **Registration Guide** for a description of the criteria which will be used to make this assessment.

You must submit official course descriptions for the courses you completed which are confirmed on your transcript(s). Please reference the page number from the course descriptions which corresponds to the courses you describe on your application. If you submit an internship, practicum or field placement, you must provide further details. Specifically, you must provide the name of the organization where the activity took place, the populations served, your duties and responsibilities and the length of time you were in the role.

(Please make photocopies of each page if you require more space).

General Education Requirement

The OCSWSSW requires a detailed description of the course credits obtained in your academic program in order to assess whether you have achieved the General Education Requirement. Refer to the Registration Guide for a description of the criteria which will be used to assess the General Education Requirement.

On the following pages, please list all the courses for which you obtained course credit, identifying which General Education goal(s) the course addresses. Ensure that the OCSWSSW receives the corresponding course descriptions.

i) Arts in Society: recognize and evaluate artistic and creative achievements.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

iii) Social and Cultural Understanding: gain an awareness of one’s own place in contemporary culture and society by acquiring knowledge of the patterns and precedents of the past.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

iv) Personal Understanding: develop and understand oneself as an integrated physiological and psychological entity in order to be a fully functioning person.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution:

Degree

Diploma

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

v) Science and Technology: understand the basics of scientific inquiry that deals with fundamental or basic questions of science and technology in a non-applied manner.

Course Title:

Institution:

Degree

Diploma

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution:

Degree

Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Vocational Learning Outcomes

The OCSWSSW requires a detailed description of the course credits obtained in your academic program in order to assess whether you have achieved the 9 Vocational Learning Outcomes. Refer to the Registration Guide for a description of the criteria which will be used to assess the Vocational Learning Outcomes.

On the following pages, please list all the courses for which you obtained course credit, identifying which Vocational Learning Outcome(s) the course addresses. Ensure that the OCSWSSW receives the corresponding course descriptions.

i) The ability to develop and maintain professional relationships which adhere to professional, legal and ethical standards aligned to social service work.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

iii) The ability to recognize diverse needs and experiences of individuals, groups, families, and communities to promote accessible and responsive programs and services.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

iv) The ability to identify current social policy, relevant legislation, and political, social, and/or economic systems and their impacts on service delivery.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

v) The ability to advocate for appropriate access to resources to assist individuals, families, groups, and communities.

Course Title:

Institution: Degree Diploma

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

vi) The ability to develop and maintain positive working relationships with colleagues, supervisors, and community partners.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

vii) The ability to develop strategies and plans that lead to the promotion of self-care, improved job performance, and enhanced work relationships

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Brief description of course contents

viii) The ability to integrate social group work and group facilitation skills across a wide range of environments, supporting growth and development of individuals, families, and communities.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

ix) The ability to work in communities to advocate for change strategies that promote social and economic justice and challenge patterns of oppression and discrimination.

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution:

Degree

Diploma

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution:

Degree

Diploma

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution:

Degree

Diploma

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution:

Degree

Diploma

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution:

Degree

Diploma

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: Hours of Instruction: Course No. (as shown on transcripts):

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: Degree Diploma

Year Taken: Start Date: MONTH | YEAR End Date: MONTH | YEAR

No. of Credits: _____ Hours of Instruction: _____ Course No. (as shown on transcripts): _____

Brief description of course contents:

Description of Course Outcomes/Objectives:

Essential Employability Skill #:

Course Title:

Institution: _____ Degree Diploma

Year Taken: _____ Start Date: MONTH | YEAR _____ End Date: MONTH | YEAR _____

No. of Credits: _____ Hours of Instruction: _____ Course No. (as shown on transcripts): _____

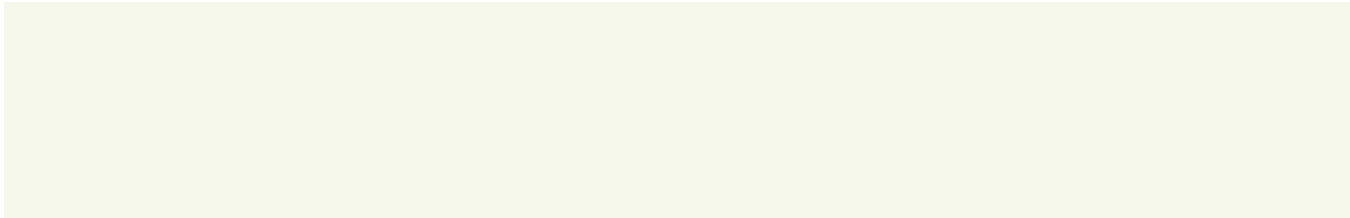
Brief description of course contents:

Description of Course Outcomes/Objectives:


Essential Employability Skill #:


B. Essential Employability Skills

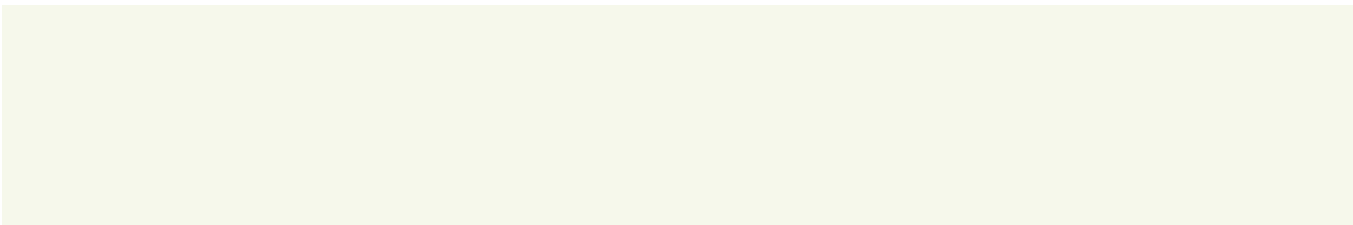
In addition to the credit courses forming part of your academic program as listed above, you may list educational training, or internships, practicums or field placements, or practical experience, or a combination of the foregoing, to demonstrate achievement of the 11 Essential Employability Skills. If you submit an internship, practicum or field placement, you must provide further details. Specifically, you must provide the name of the organization where the activity took place, the populations served, your duties and responsibilities and the length of time in which you were in the role. If you submit conferences, seminars or workshops, indicate the name of the event, the location, date and time, and duration of the event and submit copies of certificates of completion or other documentation which confirms your attendance.

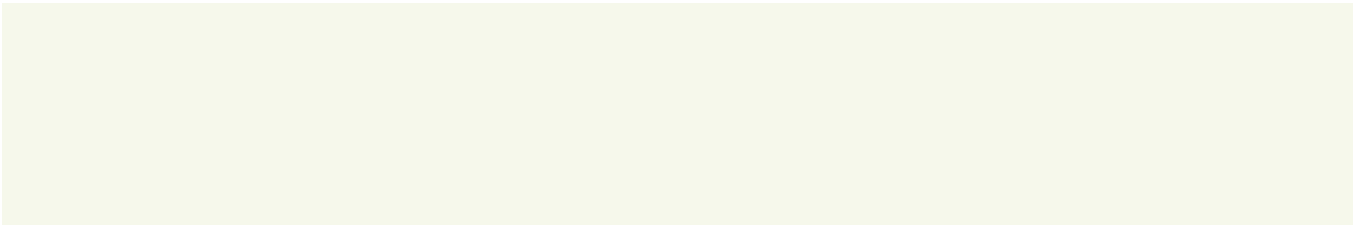
1. 

2. 

3. 

4. 

5. 

6. 

10. Experience Performing the Role of a Social Service Worker and Practice of Social Service Work

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

If you answered "NO": Download, complete, sign and date and submit with your application, the "Supplemental Form Regarding Competence to Perform the Role of a Social Service Worker – Combination of Academic Qualifications and Experience Performing the Role of a Social Service Worker".

If you answered "YES", please provide the following information regarding your experience performing the role of a social service worker, starting with your current or most recent employer:

1) Name of Employer:

Business Address of Employer:

Dates of Employment: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Hours worked per week:

Name/Title of Position:

Position Duties and Responsibilities:

Were you supervised by a social worker or social service worker in this position? Yes No

If YES

Name of Social Work/Social Service Work Supervisor:

Qualifications of Supervisor:

Number of hours per week of supervision by a social worker or social service worker:

2) Name of Employer:

Business Address of Employer:

Dates of Employment: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Hours worked per week:

Name/Title of Position:

Position Duties and Responsibilities:

Were you supervised by a social worker or social service worker in this position? Yes No

Dates of the practicum: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Hours worked per week:

Position Duties and Responsibilities:

Were you supervised by a social worker or social service worker in this position? Yes No

ALL APPLICANTS: Download the *Length of Practice and Supervision Confirmation Form*, complete Section I of the form and forward the form to your current and /or previous employer(s) or supervisor(s) for completion. The form must be returned by the employer or supervisor directly to the OCSWSSW by mail.

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

Applicant’s printed name:

Applicant’s signature:

Date of application: DAY | MONTH | YEAR

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 service 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 Fee:	\$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 registration fee.

Amount of cheque enclosed \$

OR, Complete the following credit card information

VISA MASTERCARD

Card Number:

Expiry Date: MONTH | YEAR

Amount authorized:

Name as it appears on the credit card:

Signature of card holder: