

Application Form for Registration as a Social Worker –



Ontario College of
Social Workers and
Social Service Workers

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General Certificate of Registration for Social Work – Combination of Academic Qualifications and Experience Performing the Role of a Social 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 degree in social work from a social work program accredited by the Canadian Association for Social Work Education.

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, and supplemental form, if applicable, 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 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.

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 work?

 Yes No

Was French your language of educational instruction in social work?

 Yes No

Do you currently provide social work services principally in English?

 Yes No

Do you currently provide social work services 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 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 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. Academic Qualifications

The College requires verification of your degree and any courses you wish to have considered. It is your responsibility to ensure that the College receives transcripts of all degrees obtained, as well as transcripts of any courses you completed that you wish to have considered. Academic transcripts must be sent directly to the College from the academic institution(s).

Degree obtained:

Convocation Date: DAY | MONTH | YEAR

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

Name and address of institution:

Degree obtained:

Convocation Date: DAY | MONTH | YEAR

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

Name and address of institution:

9. Course Content of Degree 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 degree in social work from a social work program accredited by the Canadian Association for Social Work Education, the College requires a detailed description of the courses you completed and for which course credits were obtained. You must submit official course descriptions/course calendars for the courses you completed and are confirmed on your transcript(s). Please reference the page number from the course calendar which corresponds to the courses you describe on your application. Generally the Registrar does not believe that courses can be used to satisfy more than one content area. Refer to the Registration Guide for a description of the criteria which will be used to make this assessment.

A) A minimum of 40 percent of course credits in your degree program must be in the liberal arts, humanities and social sciences.

The College will refer to your academic transcripts. Use the space below to provide additional comments.

B) Course Content in Twelve Content Areas

Included in this degree(s), or in some combination of acceptable education and training obtained outside the degree, there must be content judged to be minimally equivalent to ten undergraduate university level courses in the following twelve content areas. Refer to the Registration Guide for a description of the criteria which will be used to make this assessment. You may attach additional pages to your application.

i) Knowledge related to human development and behaviour in the social environment.

Content can only be demonstrated through a minimum of a full university level course, or two single semester courses.

Course Title: Institution:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

iii) Knowledge of the origins and dimensions of social problems in Canadian society.

Content can only be demonstrated through a minimum of a full university level course, or two single semester courses.

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

iv) Knowledge of multiple theoretical and conceptual bases of social work knowledge and practice.

Content can only be demonstrated through a minimum of a full university level course, or two single semester courses.

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

|

YEAR

End Date:

MONTH

|

YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

|

YEAR

End Date:

MONTH

|

YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

v) Understanding of social work's origins, purposes and practices.

Content can only be demonstrated through a minimum of a full university level course, or two single semester courses.

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

|

YEAR

End Date:

MONTH

|

YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date: MONTH | YEAR

End Date: MONTH | YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date: MONTH | YEAR

End Date: MONTH | YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

vi) Understanding of, and ability to apply, social work values and ethics in professional situations.

Content can be demonstrated through a university level course, or through education/training obtained outside a degree program.

Course Title:

Institution:

Course Code:

Year Taken:

Start Date: MONTH | YEAR

End Date: MONTH | YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

If you wish the Registrar to consider education and training obtained outside the degree(s) to be considered in this content area, please provide details.

vii) Practice methods and professional skills required for generalist practice (i.e. analysis of situations, establishing accountable relationships, intervening appropriately and evaluating one’s own social work interventions) at a beginning level of competence.

Content can be demonstrated through a university level course, or through education/training obtained outside a degree program.

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

If you wish the Registrar to consider education and training obtained outside the degree(s) to be considered in this content area, please provide details.

viii) Ability to undertake systematic inquiry and critical evaluation related to social work knowledge and practice.

Content can only be demonstrated through a minimum of a full university level course, or two single semester courses.

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

ix) Awareness of self in terms of values, beliefs and experiences as these impact upon social work knowledge and practice.

Content can be demonstrated through a university level course, or through education/training obtained outside a degree program.

Course Title:

Institution:

Course Code:

Year Taken:

Start Date:

MONTH

| YEAR

End Date:

MONTH

| YEAR

No. of Credits:

Hours of Instruction:

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

If you wish the Registrar to consider education and training obtained outside the degree(s) to be considered in this content area, please provide details.

x) Knowledge related to practising sensitively in a range of geographical regions and with diverse ethnic, cultural and racial populations.

Content can be demonstrated through a university level course, or through education/training obtained outside a degree program.

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

If you wish the Registrar to consider education and training obtained outside the degree(s) to be considered in this content area, please provide details.

xi) Knowledge related to practising sensitively with oppressed groups in Canadian society.

Content can be demonstrated through a university level course, or through education/training obtained outside a degree program.

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

If you wish the Registrar to consider education and training obtained outside the degree(s) to be considered in this content area, please provide details.

xii) Understanding of other related occupations and professions sufficient to facilitate inter-professional collaboration.

Content can be demonstrated through a university level course, or through education/training obtained outside a degree program.

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

Course Title: _____ Institution: _____

Course Code: _____

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

No. of Credits: _____ Hours of Instruction: _____

Brief description of course contents

If you wish the Registrar to consider education and training obtained outside the degree(s) to be considered in this content area, please provide details.

10. You may indicate other social work courses not covered in previous categories; or relevant professional training which was more than 2 days in length and had an evaluative component. Indicate the title of the event, location, date and time of the event, and duration. Submit with your application form copies of certificates of completion or other documentation which confirms you attended the event.

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

If you answered "YES", please provide the following information regarding your experience performing the role of a social 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 in this position? Yes No

IF YES

Name of Social Work Supervisor:

Qualifications of Social Work Supervisor:

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

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 in this position? Yes No

IF YES

Name of Social Work Supervisor:

Qualifications of Social Work Supervisor:

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

Please attach additional pages as required.

If you were engaged in the practice of social work in private practice, please provide the following information regarding your private practice, starting with your current or most recent private practice:

Name of Private Practice:

Business Address of Private Practice:

Dates of Private Practice: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Nature and Focus of Private Practice:

Average number of clients per month:

Were you supervised by a social worker in your private practice? Yes No

IF YES

Name of Social Work Supervisor:

Qualifications of Social Work Supervisor:

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

Enclose original business card, letterhead or other original evidence that confirms your private practice.

Please attach additional pages as required.

ALL APPLICANTS:

Download and complete Section I of the Length of Practice and Supervision Confirmation 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 College by mail.

12. 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 12 changes after you have applied for registration but before you are issued a certificate of registration, you must immediately inform the Registrar in writing.

13. 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

14. 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 work because it is necessary for your personal safety, please advise the Registrar in writing. In both cases, provide written details.

15. Application and Registration Fee

Registration Fee:	\$270.00
Application Fee:	<u>\$ 75.00</u>
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: _____
