

APPLICATION FOR REGISTRATION AS A REGISTERED SOCIAL WORKER

**CHARACTER REFERENCE FORM**

**Please make sure to write legibly**

Name of person completing this form: \_\_\_\_\_

Address of person completing this form: \_\_\_\_\_

\_\_\_\_\_

(Print applicant's name) \_\_\_\_\_ has made an application to become a Registered Social Worker under the *New Brunswick Association of Social Workers Act, 1988*. The Act requires that the candidate for registration "be a person of good character".

Registration in social work is a commitment to skilled and ethical practice. Registered Social Workers are accountable for their practice to the public and to the profession. You have been named as a referee by the applicant. Please complete the following questions:

1. How long have you known the applicant?

\_\_\_\_\_

2. What is your relationship to the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please describe the situations in which you have observed the applicant engaged in social work practice.

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\_\_\_\_\_

\_\_\_\_\_

4. Is the applicant currently engaged within the scope of social work practice?  Yes  No

If yes, please explain.

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\_\_\_\_\_

5. In your opinion, does the applicant possess the personal and professional integrity to practice social work in accordance with social work ethics?  Yes  No

Please describe

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a. How does the applicant demonstrate respect for the client-social worker relationship?

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b. How does the applicant demonstrate knowledge regarding current ethical issues in social work practice?

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c. To your knowledge, has there ever been any concern regarding the applicant's ethical conduct? If yes, please provide details.

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6. Do you have any reason to believe that this applicant should **not** be granted registration as a social worker?

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7. Do you believe that on an overall basis, including ethics, conduct, character, and competence, this applicant is or would be a credit to the profession? Please explain.

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8. Is there any other information that the Committee of Examiners should know before making the decision to approve this candidate?

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\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RSW Number (if applicable): \_\_\_\_\_ Province/jurisdiction of registration (if applicable): \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Agency/Organization Address: \_\_\_\_\_

\_\_\_\_\_

The Registrar **may** contact you for more information or for clarification.

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Please submit your reference to:

The Registrar  
New Brunswick Association of Social Workers  
P.O. Box 1533, Station A  
Fredericton, NB E3B 5G2

Under the disclosure requirements of the Association, your comments may be shared with the applicant. If you have any questions about the registration process, please contact the NBASW office at 1 (877) 495-5595 (within NB) or (506) 459-5595. Thank you for your cooperation.