



**Application Form  
Temporary Authorized Social Work  
Membership**

**PLEASE COMPLETE EACH SECTION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous names (if applicable): \_\_\_\_\_

Date of birth (day/month/year): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number:  
(Home): \_\_\_\_\_ (Office): \_\_\_\_\_

(Cellphone): \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Canadian Residency (select one):

I am a resident of Canada

I am entitled to be a resident of Canada

Other (please specify, and include applicable work permits with your application):

\_\_\_\_\_

2. Have you previously been a registered member of the New Brunswick Association of Social Workers?

Yes

No

3. Are you currently or have you ever been a member of a regulatory body(ies) and/or association(s) of social workers in another province(s) or country?:

Yes            No

If yes, please indicate which one(s): \_\_\_\_\_

4. When available, I would prefer receiving material written in:  
English  
  
French

#### DECLARATION AND AUTHORIZATION:

I, \_\_\_\_\_, acknowledge and understand that in order to become a Temporary Authorized Member in the province of New Brunswick that:

1. I confirm that I am a registered/licensed social worker or social work technician in another Canadian social work regulatory body (other than New Brunswick)
2. I confirm that I am in good standing in another Canadian social work regulatory body(ies).
3. I understand that this form is only valid until the end of the NBASW fiscal year and while I am a registered social worker or social work technician in good standing of each Canadian social work regulatory body(ies) of which I am a member;
4. I attest that I have never been convicted of a criminal offence under the Criminal Code of Canada and that I possess a clear certificate of conduct/Criminal Record Check;
5. I agree that I will inform NB clients of the jurisdiction(s) in which I hold a registration to practice as a social worker or a social work technician.
6. I will adhere to the *NBASW Act (2024)*; the *NBASW Code of Ethics (2007)*; *The NBASW By-laws (2020)*; all *NBASW Standards of Practice and Guidelines*, and adhere to any additional requirements as appropriate;
7. I am aware of available resources in New Brunswick to assist clients who are in crisis when I am unavailable;
8. I am aware that anyone can submit a complaint of professional misconduct, incompetence, or a breach of the Code of Ethics against me;
9. I understand that if a complaint is lodged against me, the NBASW will inform the Canadian social work regulatory body(ies) that I am registered with;
10. I will notify the NBASW Registrar, within 5 days of any of the following events:
  - a. If my registration, license, and/or permit issued by a Canadian social work regulatory body(ies) expires;
  - b. If I am no longer a member in good standing with any Canadian social work regulatory body(ies); or
  - c. If my registration, license, and/or permit has been cancelled, suspended or revoked by any Canadian social work regulatory body(ies).



11. If I am a Private Practitioner, I hold an updated professional liability insurance policy which covers adequately the provision of social work services in New Brunswick;
12. If I seek to renew my Temporary Authorized Membership with the NBASW for the following registration year:
  - a. I will submit the Application form;
  - b. I will submit the appropriate membership dues; and
  - c. I will ensure that the Canadian social work regulatory body in which I am registered (home jurisdiction) provides the NBASW with a completed Verification of Registration Form before March 31<sup>st</sup> of the given year.
13. I understand that if I allow my Temporary Authorized Membership to lapse for more than one year, my file will be officially closed, and I will need to resubmit all the Temporary Authorized Membership application requirements.

I understand that a false or misleading statement, representation or declaration in connection with this application is cause of rescission and/or revocation of my registration with the NBASW.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT THE COMPLETED FORM DIRECTLY TO NBASW BY:**

- Email: [info@nbasw-attsnb.ca](mailto:info@nbasw-attsnb.ca)
- Fax: 506 457-1421; or
- Mail: New Brunswick Association of Social Workers  
P.O. Box 1533 Station A  
Fredericton, NB E3B 5G2



**Proofs of Identity Submission**  
**Temporary Authorized Social**  
**Work Membership**

**PLEASE PROVIDE A COPY OF ANY TWO OF THE FOLLOWING PROOFS OF ID:**

- Driver's license
- Medicare card
- Passport or immigration document
- Birth certificate
- Marriage certificate
- Legal change of name document

For privacy purposes, the NBASW does NOT accept copies of Social Insurance Number cards.

**To add your proofs of identity:**

1. Save a photo of each proof of identity to your device.
2. For each image field:
  - a. Select each image field.
  - b. Select "Browse".
  - c. Choose photo.
  - d. Select "Open".
  - e. Select "OK".

**FOR ALTERNATIVE SUBMISSION OPTIONS, YOU CAN SUBMIT DIRECTLY BY:**

- Email: [info@nbasw-attsnb.ca](mailto:info@nbasw-attsnb.ca) subject : Social Work Member Application
- Fax: 506 457-1421; or
- Mail: The Registrar RE: Social Work Member Application  
New Brunswick Association of Social Workers  
P.O. Box 1533 Station A  
Fredericton, NB  
E3B 5G2

Year: \_\_\_\_\_

# Registration Form Temporary Authorized Social Work Membership

New Brunswick Association of Social Workers  
P.O. Box 1533, Station A  
Fredericton, NB E3B 5G2  
Telephone: (506) 459-5595 Fax: (506) 457-1421  
E-Mail: info@nbasw-attsnb.ca

See following page for Codes

1. Registration Status (code): \_\_\_\_\_
2. a. Membership Status (code): \_\_\_\_\_
- b. **(If Applicable)**
  - i) Previous province/Territory/State/Country (code)  
of Residence, Employment, and Registration: \_\_\_\_\_
  - ii) Registration Number(s) in Previous Jurisdiction: \_\_\_\_\_
3. NBASW Chapter (code): \_\_\_\_\_

7. A. I am able to provide professional services in the following official languages (code): \_\_\_\_\_
- B. I am able to provide professional services in the following additional languages (codes): \_\_\_\_\_

4. Gender:           Other/Prefer not to say       W       M
5. Year of Birth: \_\_\_\_\_
6. I desire NBASW material in:                   E       F

9A. Social Workers Degrees Only					9B. Other degrees/diplomas Only				
Level	University (code)	Graduation Year	Province/Country (code)	Completed before or after entry into the work force?	Level (code)	Discipline (code)	Training Institute	Graduation Year	Province/Country (code)
Bachelor:				before after			_____		
Master:				before after			_____		
PhD:				before after			_____		

10. Area(s) of Experience (code): \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ If code 04 or 99, please specify type(s): \_\_\_\_\_
11. Year you began career in Social Work: \_\_\_\_\_ 12. Total years in active social work practice: \_\_\_\_\_
13. Current employment situation if not employed as Social Worker(code): \_\_\_\_\_ 14. If not employed in Social Work, seeking employment in Social Work?   Yes   No

**15. Employment (Please complete only if you are currently providing social work services in New Brunswick)**

**Employment 1**

- A. Employer: check only one, then go to B**
- Private Practice I give permission (see code sheet)  Yes  No                   If Regional Health Authority (see code sheet): \_\_\_\_\_
- Department, Gov't of:   NB       Canada       First Nations Agency       Not for Profit Agency       For Profit Agency       Other
- B. Specific** dept, Agency, Employer: \_\_\_\_\_
- Physical work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_
- Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- C.** Year hired by this employer: \_\_\_\_\_
- D.** Employment type (code): \_\_\_\_\_ Are you seeking a change in employment type?  Yes  No

E. Role (code)	F. Service Location (code)	G. Client Base (code)	H. Language of Service (code)	I. Area of Practice (code)	J. Average Hours per Week

**Employment 2**

- A. Employer: check only one, then go to B**
- Private Practice: I give permission (see code sheet)  Yes  No                   If Regional Health Authority (see code sheet) \_\_\_\_\_
- Department, Gov't of:   NB       Canada       First Nations Agency       Not for Profit Agency       For Profit Agency       Other
- B. Specific** dept, Agency, Employer: \_\_\_\_\_
- Physical Work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_
- Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- C.** Year hired by this employer: \_\_\_\_\_
- D.** Employment type (code): \_\_\_\_\_ Are you seeking a change in employment type?  Yes  No

E. Role (code)	F. Service Location (code)	G. Client Base (code)	H. Language of Service (code)	I. Area of Practice (code)	J. Average Hours per Week

By submitting this registration form, I hereby agree to be bound by and comply with the terms of the New Brunswick Association of Social Workers Act (2024), By-laws (2020), Code of Ethics (2007) and standards.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# NBASW Codes 2024

Find the response for each "(code)" question, and input the code associated on the registration form above.

## PERSONAL INFORMATION

<p><b>1 Registration Status</b></p> <p>01 Registration Renewal: Registered in N.B. last year</p> <p>02 Reinstatement : registered in N.B. prior to last year but not last year</p> <p>03 Initial N.B. Registration: no prior registration in this province</p> <p>04 Previously registered in another Jurisdiction</p> <p><b>2 Membership Status</b></p> <p>01 Practicing Social Work Member</p> <p>07 Non-Practicing Social Work Member</p> <p>08 Temporary Authorized Social Work Member</p> <p>11 Practicing Social Work Technician Member</p>	<p><b>2A Membership Status (cont)</b></p> <p>13 Non-Practicing Social Work Technician Member</p> <p>14 Temporary Authorized Social Work Technician Member</p> <p><i>*2B See Province Information (highlighted)</i></p> <p><b>3 NBASW Chapter</b></p> <p>01 Chaleur</p> <p>02 Charlotte County</p> <p>03 Edmundston/ Grand Falls</p> <p>04 Fredericton</p> <p>05 Miramichi</p> <p>06 Moncton</p> <p>07 Restigouche</p> <p>08 Saint John</p> <p>09 Sussex</p> <p>10 Woodstock</p> <p>11 Acadian Peninsula</p>	<p><b>7A Language</b></p> <p>01 Unilingual English</p> <p>02 Unilingual French</p> <p>03 Functionally Bilingual (1<sup>st</sup> language English)</p> <p>04 Functionally Bilingual (1<sup>st</sup> language French)</p> <p>05 Fluently Bilingual (1<sup>st</sup> language English)</p> <p>06 Fluently Bilingual (1<sup>st</sup> language French)</p> <p><b>7B Language (Separate by /)</b></p> <p>07 Mi'gmac</p> <p>08 Wolastoqiyik</p> <p>09 Passamaquoddy</p> <p>10 Sign Language</p>	<p><b>7B Language (cont)</b></p> <p>11 Chinese</p> <p>12 Vietnamese</p> <p>13 Arabic</p> <p>14 Bengali</p> <p>15 Danish</p> <p>16 Dutch</p> <p>17 German</p> <p>18 Korean</p> <p>19 Spanish</p> <p>20 Hebrew</p> <p>99 Other (please specify)</p>
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## EDUCATION INFORMATION

<p><b>9A Social Work Degrees Only University</b></p> <p>01 Université de Moncton</p> <p>02 Saint Thomas University</p> <p>03 Memorial University</p> <p>04 Dalhousie University(MSSW)</p> <p>05 Université de Québec</p> <p>06 Université de Sherbrooke</p> <p>07 Université Laval</p> <p>08 McGill University</p> <p>09 Université de Montréal</p> <p>10 Carleton University</p> <p>11 University of Ottawa</p> <p>12 University of Toronto</p> <p>13 York University</p> <p>14 Ryerson Polytechnic University</p> <p>15 McMaster University</p> <p>16 Wilfred Laurier University</p> <p>17 University of Windsor</p> <p>18 Lakehead University</p> <p>19 University of Manitoba</p> <p>20 University of Regina</p> <p>21 University of Calgary</p> <p>22 University of British Columbia</p> <p>23 University of Victoria</p> <p>24 Laurentian University</p> <p>99 Other</p>	<p><b>9B Other Education Level</b></p> <p>01 Diploma</p> <p>02 Baccalaureate</p> <p>03 Master</p> <p>04 PhD/Doctorate</p> <p><b>Discipline / Faculty</b></p> <p>01 Social Work</p> <p>02 Arts (Sociology, Psychology etc)</p> <p>03 Science</p> <p>04 Nursing</p> <p>05 Education</p> <p>06 Administration, Commerce, Management</p> <p>07 Law</p> <p>08 Divinity/Theology</p> <p>09 Gerontology</p> <p>99 Other</p>	<p><b>10 Areas of Experience</b></p> <p>01 Child Welfare/Protection</p> <p>02 Family Therapy</p> <p>03 Gerontology</p> <p>04 Counselling</p> <p>05 Investigation</p> <p>06 Mediation</p> <p>07 Community Development</p> <p>08 Management/Administration</p> <p>10 Addictions</p> <p>11 Treatment of Abuse</p> <p>12 Mental Health</p> <p>13 Psychotherapy</p> <p>14 Custody and Access Assessments</p> <p>15 Adoption</p> <p>16 Group Work</p> <p>17 Social Work Supervision</p> <p>18 Social Work Consulting</p> <p>19 Social Policy analysis/development</p> <p>20 Teaching of social work</p> <p>99 Other</p>	<p style="background-color: #ffffcc;"><b>Province Codes for Personal Information, 2B, 9A, 9B, 15</b></p> <p>910 Newfoundland and Labrador</p> <p>911 Prince Edward Island</p> <p>912 Nova Scotia</p> <p>913 New Brunswick</p> <p>924 Quebec</p> <p>935 Ontario</p> <p>946 Manitoba</p> <p>947 Saskatchewan</p> <p>948 Alberta</p> <p>959 British Columbia</p> <p>960 Yukon Territory</p> <p>961 Northwest Territories</p> <p>962 Nunavut</p> <p>999 Outside of Canada</p>
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## EMPLOYMENT INFORMATION

<p><b>13 Current employment situation if not employed as Social Worker</b></p> <p>01 Not Employed</p> <p>02 Looking for another job in another profession</p> <p>03 Working in another profession</p> <p>04 Seeking refresher course</p> <p>05 Furthering education in profession</p> <p>06 Retired</p> <p><b>15 Employment</b></p> <p>Employments 1 and 2 allow you to record work being performed for different employers. If you have multiple roles, service locations, and/or client groups etc., you may break down your average hours per week accordingly to reflect the proportion of your time spent in each area. The total hours should represent one average work week.</p> <p><b>15A Private Practice</b></p> <p>I give permission to release my name, address and phone number to EAP companies, institutions and/or individuals seeking the services of a private practitioner.</p> <p><b>15A Regional Health Authority</b></p> <p>01 Hospital social work</p> <p>02 Extra-Mural</p> <p>03 Community Health Centre</p> <p>04 Mental Health</p> <p>05 Addiction Services</p> <p>99 Other</p>	<p><b>15D Employment Type</b></p> <p><b>Permanent</b></p> <p>01 Full-time by choice</p> <p>02 Full-time seeking part-time</p> <p>03 Part-time</p> <p>04 Part-time seeking full-time</p> <p><b>Temporary/Contract</b></p> <p>05 Temporary full-time</p> <p>06 Temporary part-time</p> <p><b>Casual</b></p> <p>07 Casual by choice</p> <p>08 Casual Seeking part-time</p> <p>09 Casual seeking full-time</p> <p><b>Leave of Absence</b></p> <p>10 Leave of absence (LOA)</p> <p>11 Parental leave</p> <p>12 Sick leave</p> <p>14 Education leave</p> <p>16 Entrepreneurial leave</p> <p><b>15E Role</b></p> <p>Select role which best applies to you.</p> <p>01 Front Line/Direct Practice (service to clients, families, communities)</p> <p>02 Supervision (of front line social workers)</p> <p>03 Administration (director, department head)</p> <p>04 Program coordination 05 Academic (teaching, research)</p> <p>06 Consultation (system coordinator, program consultant, planner etc)</p> <p>99 Other</p>	<p><b>15F Service Location</b></p> <p>Indicate where you usually provide your services</p> <p>01 Government social work agency</p> <p>02 Non-profit community agency</p> <p>03 Native community agency</p> <p>04 Private practice / office</p> <p>05 Client's home</p> <p>06 Other residential setting (nursing home, group home, etc)</p> <p>07 Mental health clinic / facility</p> <p>08 Addiction services</p> <p>09 Educational facility (school, college, university)</p> <p>10 Medical centre / office</p> <p>11 Hospital outpatient or ambulatory service</p> <p>12 Hospital inpatient service</p> <p>13 Rehabilitation facility outpatient or ambulatory service</p> <p>14 Rehabilitation facility inpatient service</p> <p>15 Correctional facility</p> <p>16 Family Court</p> <p>99 Other</p> <p><b>15G Client Base</b></p> <p>Select code 98 if you are not employed in front line/direct practice</p> <p>01 Children</p> <p>02 Adolescents/Youth</p> <p>03 Adults</p> <p>04 Seniors</p> <p>05 Families</p> <p>06 Service Providers (eg. day cares, foster homes, etc.)</p> <p>07 Mixed Client Base</p> <p>98 Not Applicable</p>	<p><b>15H Language of Service</b></p> <p>01 English</p> <p>02 French</p> <p>03 French and English</p> <p>04 Mi'gmac</p> <p>05 Wolastoqiyik</p> <p>06 Passamaquoddy</p> <p>07 Sign Language</p> <p>99 Other</p> <p><b>15I Area of Practice</b></p> <p>01 Services for children or adults who are victims of abuse (e.g. screening, investigation, protection, counseling)</p> <p>02 Services for children or adults with illness, disability or special needs</p> <p>03 Mental health services (e.g. assessment, counseling, psychotherapy)</p> <p>04 Services for individuals and/or families in crisis (e.g. prevention, counseling, mediation)</p> <p>05 Services for individuals and families affected by substance abuse (e.g. prevention, assessment, intervention)</p> <p>06 Services related to placement (e.g. recruitment, assessment, approval, monitoring of child care, foster homes, adoption, special care homes)</p> <p>07 Services for individuals and families involved with the justice system</p> <p>08 Other social work services</p> <p>09 Community Development</p> <p>10 Social Work Administration</p> <p>11 Social Policy Development</p> <p>12 Social Program Development</p> <p>13 Social Work Education</p> <p>98 Not applicable</p> <p>99 Other</p>
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