



Application Form
Temporary Authorized Social Work Technician Member Application

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 31st 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: _____

FEE:

Application must be accompanied by an [application fee](#) of \$105.00 (non-refundable).
Indicate Association 7, default registration number 12345.

PLEASE SUBMIT THE COMPLETED FORM DIRECTLY TO NBASW BY:

- Email: sebastian.gomez@nbasw-attsnb.ca Subject: Temporary Authorized Social Work Technician Member Application
- Fax: 506 457-1421; or
- Mail: The Registration Officer RE: Temporary Authorized Social Work Technician Member Application

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



Proofs of Identity Submission
Temporary Authorized Social Work Technician
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: sebastian.gomez@nbasw-attsnb.ca Subject: Temporary Authorized Social Work Technician Member Application
- Fax: 506 457-1421; or
- Mail: The Registration Officer RE: Temporary Authorized Social Work Technician Member Application
- New Brunswick Association of Social Workers
P.O. Box 1533 Station A
Fredericton, NB
E3B 5G2

Registration Form
Temporary Authorized
Social Work Technician
Membership

Year:

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: sebastian.gomez@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

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

Province Information

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

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