

Member Application Form Social Work Technician Member Application

PLEASE COMPLETE EACH SECTION

First Na	ame: L	ast Name:				
Previou	us names (if applicable):					
Date of	birth (day/month/year):					
Mailing	Address:					
Phone i	number: (Home): (Cellphone):	(Office):				
Email A	ddress:					
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 me Workers?	mber of the New Brunswick Association of Social				

Yes, and this is my notice to the Registrar that I wish to reinstate my membership. No

 Please select which category of Social Work Technician membership you are seeking: Practicing Non-Practicing Temporary Authorized Member



Are you currently or have you ever been a member of a regulatory body(ies) and/or association(s) as a social work paraprofessional in another province(s) or country?:
 Yes No

If yes, please indicate which one(s):______

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

FEE:

Application must be accompanied by an <u>application fee</u> of \$100.00 (non-refundable). **Indicate Association 7, Registration number 12345.**

DECLARATION AND AUTHORIZATION:

I declare that all the information provided is accurate: 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.

I hereby apply for Registration as a member of the New Brunswick Association of Social Workers. If accepted for membership, I agree to abide by the Act, the Code of Ethics and By-laws of the Association and will as far as may be in my power to promote the objectives of the Association.

Signature:

Date:

PLEASE SUBMIT THE COMPLETED FORM DIRECTLY TO NBASW BY:

- Email: shae.mccarthy@nbasw-attsnb.ca subject: Social Work Technician Application
- Fax: 506 457-1421
- Mail: Shae McCarthy RE: Social Work Technician Application New Brunswick Association of Social Workers P.O. Box 1533 Station A Fredericton, NB E3B 5G2



Proofs of Identity Submission Social Work Technician Member Application

PLEASE PROVIDE ANY TWO COPIES OF THE FOLLOWING:

- 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: shae.mccarthy@nbasw-attsnb.ca subject : Social Work Technician Application
- Fax: 506 457-1421; or
- Mail: Shae McCarthy RE: Social Work Technician Application New Brunswick Association of Social Workers P.O. Box 1533 Station A Fredericton, NB E3B 5G2

Year:	
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	a. Meml b. <i>(If Ap</i> i) Pre	sidence, Emp	·	tration:							
	NBASW Gender:	V Chapter (co Otl	ode):	W	М	7. A. I am	able to provid	le professio	onal services in the fol	lowing official lang	guages (code):
	Year of I I desire I	Birth: NBASW mat	terial in:	E	F	B. I am ab	ble to provide p	professiona	l services in the follow	ving additional lan	guages (codes):
9	A Social	Work or R	ecognized Social W	ork Technic	ian Programs Only			9B (Other degrees/diplom	as Only	
	Level	University/ Institution (code)	Graduation Year	Province/ Country (code)	Completed before of after entry into the work force?				aining Institute	Graduation Year	Province/ Country (code)
Di	ploma:				before after						
Ва	chelor:				before after						
					before						
Ma	aster:				after						
Ph	D:				before after						
10.	Area(s)	of Experienc	e (code):	+		code 04 or	99, please spec	ify type(s)	:	4	ļI
А. В.	Employe Employe Private Depart Specific Physical Province: Year hire Employr Role	ment 1 r: check onl Practice I g ment, Gov't o dept, Agenc work Addres ed by this em nent type (co (code)	y one, then go to B give permission (see of: NB y, Employer: s: Po ployer:	code sheet) Canada ostal Code:	Are you seeking a G. Client Base (cc	lo gency B change in e	Not for Pro	If Regiona ofit Agency City : pe?	al Health Authority (se	it Agency Fax:	Other Hours per Week
	Employ										
A.	Private		ly one, then go to B give permission (see of: NB	code sheet) Canada	Yes N First Nations A	No Agency	Not for F	If Region Profit Agen	al Health Authority (s acy For Pr	ee code sheet) ofit Agency	Other
	-		dept, Agency, Employer:								
			Р	ostal Code:		В	usiness Phone	:		Fax:	
			ployer:								
D.	Employr	ment type (co	ode):		Are you seeking a	change in e	mployment ty	pe?	Yes No		
E.	Role	e (code)	F. Service Loca	tion (code)	G. Client Base (co	de) H.	Language of (code)	Service	I. Area of Practice (code)	e J. Average	Hours per Week
(20		e of Ethics (2	ation form, I hereby 007) and standards.	agree to be b	bound by and comply	with the te	erms of the New	w Brunswi	ck Association of Soc	ial Workers Act (20	024), By-laws

NBASW Codes 2024

Find the res		put the code associated on the registration	on form above.
,	PERSONAL IN	· · ·	
 Registration Status Registration Renewal: Registration Renewal: Registered in N.B. <u>last year</u> Reinstatement : registered in N.B. <u>prior</u> to last year but not last year Initial N.B. Registration: no prior registration in this province Initial N.B. Registration: no prior registration in this province Previously registered in another Jurisdiction Previously registered in another Jurisdiction Membership Status Practicing Social Work Member Non-Practicing Social Work Member Temporary Authorized Social Work Member Practicing Social Work Technician 	 2A Membership Status (cont) 13 Non-Practicing Social Work Technician Member 14 Temporary Authorized Social Work Technician Member *2B See Province Information (highlighter 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 (1st language English) 	 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)
Member			Drovince Information
E	DUCATION INFORMATIC	2N	Province Information
9A Social Work Degrees Only University01University01Université de Moncton02Saint Thomas University03Memorial University04Dalhousie University(MSSW)05Université de Québec06Université de Sherbrooke07Université Laval08McGill University09Université de Montréal10Carleton University11University of Ottawa12University of Toronto13York University14Ryerson Polytechnic University15McMaster University16Wilfred Laurier University17University of Windsor18Lakehead University19University of Regina21University of British Colombia23University of Victoria24Laurentian University	 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 Consulting 19 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
99 Other	EMPLOYMENT		
 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 w being performed for different employers. If y have multiple roles, service locations, and client groups etc., you may break down y average hours per week accordingly to reflect proportion of your time spent in each area. Total hours should represent one average w week. 15A Private Practice I give permission to release my name, addrand phone number to EAP companinstitutions and/or individuals seeking 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	vou 09 Casual seeking full- time vor 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	INFORMATION Indicate where you usually provide your services I Government social work agency Non-profit community agency Non-profit community agency Non-profit community agency Society and the practice / office Client's home Of Other residential setting (nursing home, group home, etc) Of Mental health clinic / facility Addiction services Educational facility (school, college, university) Of Medical centre / office Hospital inpatient service Rehabilitation facility outpatient or ambulatory service A Rehabilitation facility Government service Select code 98 if you are not employed in front line/direct practice Of Children Addits Addits Addits Addits Service Providers (eg. day cares, foster homes, etc.) A Applicable Additable	 15H Language of Service 01 English 02 French 03 French and English 04 Mi'gmac 05 Wolastoqiyik 06 Passamaquoddy 07 Sign Language 99 Other 151 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 for individuals and families affected by substance abuse (e.g. prevention, assessment, intervention) 06 Services for individuals and families involved with the justice system 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 13 Social Work Education 99 Other