

Member Application Form Social Work Technician Member Application

PLEASE COMPLETE EACH SECTION First Name: _____ Last Name: ____ Previous names (if applicable): Date of birth (day/month/year): _____ 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, and this is my notice to the Registrar that I wish to reinstate my membership. No 3. Please select which category of Social Work Technician membership you are seeking: **Practicing** Non-Practicing



4.	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):							
5.	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.								
DECLA	RATION 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.								
Signatu	re: 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



<u>Proofs of Identity Submission</u> 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:

Registration Form
Social Work Technician Member Application

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: shae.mccarthy@nbasw-attsnb.ca

See following page for Codes

Registi	ration Status (co	ode):								
	nbership Status	(code):								
	Applicable)									
,	•	/Territory/State/Co								
	_	oyment, and Regis								
ii)	Registration	Number(s) in Prev	vious Jurisdici	tion:						
3. NBAS	W Chapter (cod	e):			7. A. I am a	ble to provide	professiona	al services in the fol	lowing official lan	guages (code):
4. Gender	Gender: Other/Prefer not to say W M					_				
Year of	f Birth:				B. I am able	to provide pro	ofessional s	ervices in the follow	wing additional lar	guages (codes):
6. I desire	NBASW mater	rial in:	Е	F				•	•	
0.4.6.	1107 L D	. 10 .11	7 1 70 1 1 1				ap 0.4	. /: 1		
	** ' ' '	_		an Programs Only Completed before or	9B. Other degrees/diplomas Only					
Level	Institution	Graduation Year	Province/ Country	after entry into	r Level (code)	Discipline (code)	Tran	ning Institute	Graduation Year	Province/ Country (code)
	(code)		(code)	the work force?						
Diploma:				after						
Bachelor:				before after						
Master:				before						
iviastei.				after						
PhD:				before after						
10. Area(s	s) of Experience	(code):	+		code 04 or 99	, please specif	fy type(s):		1	1
	-			12.	Total years	in active socia	l work tech	nician practice:		
		as a social work			-			-		**
			•	(code):14. If					nent?	Yes No
		omplete only if yo	ou are curren	tly providing <u>social</u>	work techn	<u>ician</u> services	in New Br	unswick)		
	yment 1									
A. Employ	er: check only	one, then go to B								
Privat	te Practice I giv	ve permission (see	code sheet)	Yes No				Health Authority (se	· ·	
Depar	rtment, Gov't of	: NB	Canada	First Nations Ag	gency	Not for Prof	it Agency	For Prof	ît Agency	Other
B. Specific	dept, Agency,	Employer:								
Physica!	l work Address:						City/T	own:		
	e:		ostal Code:		Bus	siness Phone:			Fax:	-
C. Year hi	ired by this empl	loyer:						_		
D. Employ	yment type (code	e):		Are you seeking a	change in em	ployment type	?	Yes No		
E. Rol	le (code)	F. Service Loca	tion (code)	G. Client Base (co	de) H.	Language of S	ervice I.	Area of Practice	J. Average	Hours per Week
						(code)		(code)		
Emplo	yment 2								•	
		one, then go to B								
		ve permission (see		Yes N	lo]	If Regional	Health Authority (s	see code sheet)	
	rtment, Gov't of:		Canada	First Nations A			ofit Agency		ofit Agency	Other
	c dept, Agency,								2 3	o unos
-	dept, Agency, al Work Address						City/T	own:		
			Bus	Business Phone: Fax:						
		loyer:		-						-
	yment type (code			Are you seeking a	change in em	ployment type	·? Г	Yes No		
			tion (and-)		i			<u> </u>	IT A	Hours man W1
E. Ro	ole (code)	F. Service Loca	uon (code)	G. Client Base (coo	de) H.	Language of S (code)	Service I.	Area of Practic (code)	e J. Average	Hours per Week
						. ,		(code)		
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-		non form, I hereby 07) and standards.	-	ound by and comply	with the terr	ns of the New	Brunswick	Association of Soc	ial Workers Act (2	024), By-laws

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

- Registration Renewal: Registered in N.B. last year
- Reinstatement: registered in N.B. prior to last year but not last year Initial N.B. Registration: no
- 03 prior registration in this province
- Previously registered in another Jurisdiction

2 Membership Status

- Practicing Social Work Member
- 07 Non-Practicing Social Work Member
- 08 Temporary Authorized Social Work Member
- Practicing Social Work Technician Member

Non-Practicing Social Work Technician Member

2A Membership Status (cont)

Temporary Authorized Social Work Technician Member
*2B See Province Information (highlighted)

3 NBASW Chapter

- 01 Chaleur
- 02 Charlotte County
- Edmundston/ Grand Falls
- 04 Fredericton
- 05 Miramichi
- 06 Moncton
- Restigouche 07 NΩ Saint John
- 09 Sussex
- 10 Woodstock
- Acadian Peninsula

7A Language

- 01 Unilingual English 02 Unilingual French
- 03 Functionally Bilingual (1st language English)
- Functionally Bilingual (1st language French)
- 05 Fluently Bilingual (1s language English)
- Fluently Bilingual (1st language French)

7B Language (Separate by /)

- 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)

EDUCATION INFORMATION

9A Social Work Degrees Only University

- Université de Moncton
- 02 Saint Thomas University
- Memorial University
 Dalhousie University(MSSW) 03
- 04
- Université de Québec 05
- 06 Université de Sherbrooke
- Université Laval 07
- McGill University 08
- Université de Montréal
- Carleton University University of Ottawa 10 11
- University of Toronto 12
- York University 13 Ryerson Polytechnic University 14
- McMaster University 15
- Wilfred Laurier University 16 University of Windsor 17
- 18 Lakehead University
- University of Manitoba 19
- University of Regina
- 21 University of Calgary
- University of British Colombia 22 23 University of Victoria
- 24 Laurentian University
- Other 99

9B Other Education Level

- Diploma
- 02 Baccalaureate
- 03 Master
- PhD/Doctorate

Discipline / Faculty

- Social Work
- 02 Arts (Sociology, Psychology etc)
- 03 Science
- 04 Nursing
- Education 05
- 06 Administration, Commerce,
- Management
- 07 Law
- 08 Divinity/Theology
- Gerontology 09
- 99 Other

10 Areas of Experience

- Child Welfare/Protection
- Family Therapy
- 03 Gerontology
- Counselling 04
- 05 Investigation
- Mediation 06
- 07 Community
- Development
- Management/Administration 08
- Addictions 10
- Treatment of Abuse Mental Health 11
- 12
- Psychotherapy 13
- 14 Custody and Access Assessments
- 15 Adoption
- Group Work 16
- Social Work Supervision 17
- 18 Social Work Consulting
- Social Policy analysis/development 19
- 20 Teaching of social work
- 99 Other

Province Codes for Personal Information, 2B, 9A, 9B, 15

Province Information

- 910 Newfoundland and Labrador
- 911 Prince Edward Island
- 912 Nova Scotia
- 913 New Brunswick
- 924 Quebec
- 946 Manitoba
- Saskatchewan 947
- 948 Alberta 959 British Columbia
- Yukon Territory 960 961 Northwest Territories
- 962 Nunavut
- 999 Outside of Canada

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

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

03 Community Health Centre

04 Mental Health

- 01 Hospital social work 02 Extra-Mural
- 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

- 08 Casual Seeking part-time 09 Casual seeking full-

time

- 10 Leave of absence (LOA)
- 11 Parental leave
- 16 Entrepreneurial leave
- you. 01 Front Line/Direct Practice (service to
- Supervision (of front line social workers) Administration
- research) Consultation (system coordinator, program

- Temporary/Contract
- 05 Temporary full-time 06 Temporary part-time
- Casual 07 Casual by choice

Leave of Absence

- 12 Sick leave 14 Education leave

03

Select role which best applies to

- clients, families, communities)
- head) Program coordination 05 Academic (teaching,

(director, department

consultant, planner etc) Other

15F Service Location

Indicate where you usually provide your

- services 01 Government social work
- agency Non-profit community agency 02
- Native community agency Private practice / office 04

etc)

- 05 Client's home 06 Other residential setting (nursing home, group home,
- 07 Mental health clinic / facility 08 Addiction services
- Educational facility (school,
- college, university)
 Medical centre / office 10 Hospital outpatient or
- ambulatory service 12 Hospital inpatient service Rehabilitation facility outpatient or ambulatory
- service Rehabilitation facility inpatient service
- Correctional facility
- 16 Family Court Other

15G Client Base

Select code 98 if you are not employed in front line/direct practice 01 Children

Service Providers (eg. day

- 02 Adolescents/Youth 03 Adults
- 04 Seniors 05 Families

06

cares, foster homes, etc.) Mixed Client Base 07 Not Applicable

935 Ontario

- 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 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

Mental health services (e.g.

assessment, counseling. psychotherapy) Services for individuals and/or families in crisis (e.g.

prevention,

- counseling, mediation) Services for individuals and families affected by substance abuse (e.g. prevention, assessment, intervention)
- Services related to placement (e.g. recruitment, assessment, approval, monitoring of child care, foster homes, adoption, special care homes) Services for individuals and
- justice system Other social work services

families involved with the

- Community Development Social Work Administration 10 Social Policy Development
- Social Program Development 12 13 Social Work Education
- Not applicable 98

07

09