

Registration Year: 2019

New Brunswick Association of Social Workers
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Registration/ Membership Number

See attached page for Codes

- 1. Registration Status (code):
2. a. Membership Status (code):
b. (If Applicable) Previous province/Territory/State/Country (code)
of Residence
/of Employment
/of Registration

Registration Number in Previous Jurisdiction:

- 3. NBASW Chapter (code):
4. Gender:
5. Year of Birth:
6. I desire NBASW material in:

Name:
Mailing Address:
City/Town/Village:
Province:
Postal Code:
Home Telephone Number:
E-Mail Address:

- 7. I am able to provide professional services in (code):
If 99 (other) please specify:

Table with 2 main sections: 9A. Social Workers Degrees Only and 9B. Other degrees/diplomas ONLY. Columns include Level, University, Graduation Year, Province/Country, At/After Entry to Work Force, Level (code), Discipline (code), Training Institute, Graduation Year, and Province/Country (code).

- 10. Area(s) of Experience (code):
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
B. Specific dept, Agency, Employer:
C. Year hired by this employer:
D. Employment type (code):

Table with 6 columns: 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
B. Specific dept, Agency, Employer:
C. Year hired by this employer:
D. Employment type (code):

Table with 6 columns: 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 signing this registration form, I i) hereby agree to be bound by and comply with the terms of the New Brunswick Association of Social Workers Act, 1988, the Code of Ethics of the New Brunswick Association of Social Workers, AND ii) declare that I have completed \_\_\_\_\_ hours of Continuing Professional Education in 2018 - 2019 in addition to the \_\_\_\_\_ hours carried over from last year, for a total of \_\_\_\_\_ hours. I require \_\_\_\_\_ hours for 2018-2019 (as required by the Continuing Professional Education Policy) and therefore will be carrying over \_\_\_\_\_ hours to 2019-2020.

Signature: Date: Name appearing on SW Degree/Diploma (if different from above):

Office use only
Date: Amount: Receipt Number:
Postmark: Date of Cheque: