



Reference Form
Social Work Technician Equivalency Application

Name of person completing this form: _____

Name of applicant: _____

The applicant indicated above is applying to become a member of the New Brunswick Association of Social Workers. Thank you for your prompt completion and return of this form.

1. What is your relationship to the applicant?

Workplace Supervisor

Professor / Instructor

Co-worker

Placement Supervisor

Other (*please specify*): _____

2. How long have you known the applicant?

3. Does the applicant possess the personal and professional integrity to fulfill the requirements of the social work and social work technician professions?

Yes

No

4. Does the applicant demonstrate respect for the client-social worker and client-social work technician relationship?

Yes

No

5. Does the applicant demonstrate knowledge regarding current ethical issues in social work and social work technician practice?

Yes

No



6. Do you confirm that, to your knowledge, there has never been any concern raised regarding the applicant's ethical conduct?
Yes No

7. Do you believe that on an overall basis, including ethics, conduct, character, and competence, this applicant should be granted registration as a member of the New Brunswick Association of Social Workers?
Yes No

8. If you answered "No" to any of the above questions, please provide further details to each question, or include any further information you wish to provide here. For multiple explanations, please indicate which question the details pertain to.



Signature: _____

Date: _____

Registration/Licensure Number (if applicable): _____

Social Work Jurisdiction (if applicable): _____

Registered as (if applicable):

Social Worker

Social Work Technician

Other (please specify): _____

Telephone Number: _____

Email: _____

PLEASE SUBMIT YOUR REFERENCE DIRECTLY TO THE NBASW BY:

- Email: sebastian.gomez@nbasw-attsnb.ca subject: Equivalency
- Fax: 506 457-1421; or
- Mail: Sebastián Gomez RE: Equivalency

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

Under the disclosure requirements of the Association, your comments may be shared with the applicant. If you have any questions about the registration process, please contact the NBASW office at 1-877-495-5595 (within NB) or (506) 440-3340. Thank you for your cooperation.