



**Social Work Technician Substantial Equivalency  
Work Experience Self-Assessment Form**

In accordance with the *Social Work Technician Substantial Equivalency – Work Experience Policy*, this *Social Work Technician Substantial Equivalency – Work Experience Self-Assessment Form* must be completed by the candidate and signed and submitted to the NBASW by the candidate’s supervisor. If the candidate is unable to have the form signed by their direct supervisor (current or previous), the candidate may ask another employer representative to sign, attesting to the accuracy of the information. If this option is also unavailable, the candidate must provide the details of the reasons in the “Additional Comments” section of the form. Each self-assessment will be judged on its merits, according to the information provided.

If a candidate wishes to have multiple different work experiences (roles) considered, a separate *Work Experience Self-Assessment Form* must be completed for each role. Each form must clearly indicate the place of work, the position, and the length of the work experience. Please note that only work experience completed within the five years preceding the application is eligible for consideration.

Candidates are advised to consult the NBASW [Scope of Practice](#) and [Code of Ethics](#) before filling out this form, to better understand how their work experience relates to social work technician practice in New Brunswick.

**Candidate and Supervisor Information**

**Candidate**

- First name: \_\_\_\_\_
- Last name: \_\_\_\_\_
- Position title / role: \_\_\_\_\_
- Period of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Day/Month/Year Day/Month/Year
- Approximate number of hours worked in this workplace: \_\_\_\_\_

**Supervisor or Employer**

- First name: \_\_\_\_\_
- Last name: \_\_\_\_\_
- Position title / role: \_\_\_\_\_
- Relationship to the candidate: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Email: \_\_\_\_\_

### Description of Tasks and Work Experience (Completed by Candidate)

Please provide a brief description of the position and the organization you were working for (maximum of 300 words).

### Work Experience and Relevancy to the Social Work Technician Scope of Practice

In the following tables, please check “yes” or “no” for each goal that applies. In the sections where you have checked “yes”, please provide concrete examples of your work experience and explain how it aligns with the goal. The information you put in the space provided may include but is not limited to the following details:

1. **Description:** Describe the tasks or responsibilities you carried out that are related to this goal.
2. **Frequency:** How often did you perform these tasks?
3. **Skill Level:** Do you feel competent to perform these tasks?
4. **Duties of the Position:** Do these duties form an integral part of your job description or are they additional responsibilities?
5. **Performance:** Describe the approach or methodology you applied to carry out these tasks.

Your answers will help us understand and assess how your work experience aligns with the social work technician scope of practice in New Brunswick.

Goals & Activities	This goal applies to my experience:	FOR OFFICE USE ONLY
<b>GOAL 1: ENHANCE PEOPLE’S PROBLEM-SOLVING, COPING, AND DEVELOPMENT CAPACITIES</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Please describe the way your work experience helped people develop their problem-solving skills, deal with challenges, and/or enhance their coping and development capacities.</p> <p><i>Please provide concrete examples.</i></p>		
Empty space for providing examples		

<p><b>GOAL 2: LINK PEOPLE WITH SYSTEMS THAT PROVIDE RESOURCES, SERVICES, AND OPPORTUNITIES</b></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
<p>Please provide examples of the way your work experience enabled people and groups to access relevant resources, services, or opportunities. How did you facilitate these connections? <i>Please provide concrete examples.</i></p>		

<p><b>GOAL 3: PROMOTE EFFECTIVE AND HUMANE OPERATION OF SYSTEMS</b></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
<p>How did you contribute to ensuring that systems—whether they be organizational, social, or service delivery systems—operate effectively, efficiently, and humanely? How did you apply legal and ethical principles in your practice?</p> <p><i>Please provide concrete examples.</i></p>		

<b>GOAL 4: DEVELOP AND IMPROVE SOCIAL POLICY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Describe any experience you had with helping develop, assess, and promote social policy. How did your work influence policies or contribute to improving them?</p> <p><i>Please provide concrete examples.</i></p>		

<b>GOAL 5: ENHANCE AND EXPAND THE PROFESSIONS' KNOWLEDGE BASE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Explain how you contributed to knowledge development in your profession. This may involve education and training, research, knowledge sharing, or innovative practice.</p> <p><i>Please provide concrete examples.</i></p>		

<b>ADDITIONAL COMMENTS</b> <i>(Completed by Candidate - If Applicable)</i>	
<p>Feel free to add any other relevant information about your experience or the way you think your skills and qualifications align with the social work technician scope of practice goals.</p> <p><i>If applicable, please use this section to explain why you were unable to have a supervisor or employer certify your answers.</i></p>	

**FOR SUPERVISOR USE ONLY**

**I certify that I have read the candidate's answers and agree with them:**

Yes       No

**I believe that the candidate possesses the necessary personal and professional integrity to meet the requirements of social work technician practice and adhere to the Code of Ethics:**

Yes       No

**Additional comments (if applicable):**

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

This *Self-Assessment Form* must be emailed directly to the NBASW by the supervisor.