

Registration Year: 2023

New Brunswick Association of Social Workers
P.O. Box 1533, Station A
Fredericton, NB E3B 5G2
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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: Other/Prefer not to say
5. Year of Birth:
6. I desire NBASW material in:

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

- 7. I am able to provide professional services in the following official languages
I am able to provide professional services in the following additional languages:

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:
Physical work Address:
City/Town:
Province:
Postal Code:
Business Phone:
Fax:
C. Year hired by this employer:
Number of different positions held with this employer:
D. Employment type (code):
Are you seeking a change in employment type? Yes/No

Table for Employment 1 with 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:
Physical Work Address:
City/Town:
Province:
Postal Code:
Business Phone:
Fax:
C. Year hired by this employer:
Number of different positions held with this employer:
D. Employment type (code):
Are you seeking a change in employment type? Yes/No

Table for Employment 2 with 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 submitting this registration form, I hereby agree to be bound by and comply with the terms of the New Brunswick Association of Social Workers Act (2019), By-laws (2020), Code of Ethics (2007) and standards.

Based on the Continuing Professional Education Policy, I am required to have completed \_\_\_ CPE hours for the 2022-2023 registration year. I declare that I have completed \_\_\_ CPE hours in 2022-2023. I have carried over \_\_\_ CPE hours from previous years (max 30 hours). Therefore, I have a total of \_\_\_ CPE hours and will be carrying over \_\_\_ (max 30 CPE hours) to 2023-2024.

I certify that, as part of the CPE hours claimed above, I have completed at least one NBASW Ethics, Standards and Guidelines Training during the 2022-2023 registration year. I understand that additional NBASW Ethics, Standards, and Guidelines Trainings cannot be carried over to future year and that one training must be completed each year.

Signature: Date: