

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:							
	tion must be accompanied by an <u>application fee</u> of \$105.00 (non- able). Indicate Association 7, Registration number 12345.						
DECLA	RATION AND AUTHORIZATION:						
represe	re that all the information provided is accurate: I understand that a false or misleading statement, entation or declaration in connection with this application is cause of rescission and/or revocation egistration 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 COPIES OF ANY TWO 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

 Registr 	ration Status (co	de):												
		you are seeking (c	ode):											
` '	pplicable)													
	_	/Territory/State/Co)										
	_	yment, and Regis		···										
ii)	Registration	Number(s) in Prev	/10us Jurisdic	ction:										
3. NBAS	W Chapter (code	e):		,	7 A. I am a	ble to provide	professio	nal servic	es in the fol	llowing o	official lan	guages (code):		
4. Gender		r/Prefer not to say	W	M	7 -	F	Procession					88 ().		
		in refer not to say			B. I am able	- e to provide pr	ofessional	services	in the follo	wing add	itional lan	guages (codes):		
				F				•			•			
6. I desire	NBASW mater	ial in:	Е	F			1							
9A. Socia	Social Work or Recognized Social Work Technician Programs Only					9B. Other degrees/diplomas Only								
Level	University/ Institution	Graduation Year	Province/	Completed before or after entry into	20,01	Discipline	Tra	ining Ins	titute	Gradua	ation Year	Province/		
	(code)		Country (code)	the work force?	(code)	(code)						Country (code)		
Diploma:				before after										
Bachelor:				before										
Bacilcioi.				after										
Master:				before after			,							
ni n				before										
PhD:				after	1 04 0		0			ļ				
10. Area(s)) of Experience	(code):	+	+ If c	ode 04 or 99), please specif	fy type(s):							
11. Year yo	ou began career a	as a social work		12.	Total years	in active socia	ıl work tec	hnician p	ractice:					
	•				14	If not amplaya	d in CWT	saana af	nraatiaa sa	akina am	nlaymant	Yes No		
				Γ or equivalent (code) ntly providing social						cking cin	ipioyinciit	į.		
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	<u> </u>	one, then go to B												
				Yes No)	I	If Regiona	l Health A	Authority (s	ee code s	sheet):			
	•	re permission (see	Canada	First Nations Ag		Not for Prof				fit Agenc		Other		
_ *	rtment, Gov't of:		Canada	First Nations Ag	chey	1101 101 1 101	in rigency		101110	in rigene	. y	Other		
_	dept, Agency,	Employer:					City/	Town:						
-	work Address:				Ru	siness Phone:	City/	TOWII.	-	Fax:				
	e: red by this empl		ostal Code:	-		siness i none.	-			1 ax.	E			
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D. Employ	ment type (code			Are you seeking a c				Yes	No					
E. Role	e (code)	F. Service Location (code)		G. Client Base (coo	de) H.	H. Language of Service (code)		I. Area of Practice			J. Average Hours per Week			
						(code)			(code)					
Employ	yment 2									<u></u>				
A. Employ	er: check only	one, then go to B												
	•	e permission (see		Yes N	o		If Regiona	al Health	Authority (s	see code	sheet)			
	tment, Gov't of:		Canada	First Nations Ag	gency	Not for Pr	ofit Agen	ev	For Pr	ofit Age	ncv	Other		
	dept, Agency,	Б. 1					C			Č				
•							City/	Town:						
-	Physical Work Address: Province: Postal Code:					Business Phone: Fax:								
		oyer:		P			-			1 un.	-			
	ment type (code			Are you seeking a c	change in en	nployment type	_e ? I	Yes	No					
								1 68	INO	1				
E. Ro	le (code)	F. Service Loca	tion (code)	G. Client Base (cod	le) H.	Language of S (code)	Service		a of Practic (code)	e J	J. Average	Hours per Week		
By submitti	ing this registrat	ion form, I hereby	agree to be b	bound by and comply	with the ter	ms of the New	Brunswic	k Associa	ation of Soc	ial Work	ers Act (2	024), By-laws		
		07) and standards.		, , ,							`	•		
Signature	:								D	ate:				

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

2A Membership Status (cont)

- Non-Practicing Social Work Technician Member
- 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

01 Unilingual English

02 Unilingual French

7A Language

- 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

- 14 Bengali

- 17 German
- 19 Spanish 20 Hebrew
- 99 Other (please specify)

EDUCATION INFORMATION

9A Social Work Degrees Only University

- Université de Moncton
- 02 Saint Thomas University 03
- Memorial University
 Dalhousie University(MSSW) 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 Laurentian University
- 24 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 Experience01 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

- 911 Prince Edward Island

- 913 New Brunswick
- 935 Ontario
- Saskatchewan 947
- Yukon Territory 960
- 962 Nunavut

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

05 Addiction Services

01 Hospital social work 02 Extra-Mural

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- 03 Community Health Centre 04 Mental Health
- 99 Other

- 15D Employment Type
- Permanent
- 02 Full-time seeking part-time
- 03 Part-time
- Temporary/Contract
- Casual
- 08 Casual Seeking part-time 09 Casual seeking full-
- 11 Parental leave
- 12 Sick leave
- 16 Entrepreneurial leave

you. 01 Front Line/Direct

- Practice (service to clients, families, communities)
- line social workers) Administration 03 (director, department
- research) Consultation (system

01 Full-time by choice

- 04 Part-time seeking full-time
- 05 Temporary full-time 06 Temporary part-time
- 07 Casual by choice

time Leave of Absence

- 10 Leave of absence (LOA)
- 14 Education leave

Select role which best applies to

- Supervision (of front
- head) Program coordination 05 Academic (teaching,
- coordinator, program consultant, planner etc) Other

15F Service Location

Indicate where you usually provide your

- services 01 Government social work
- agency Non-profit community agency 02
- 04
- 06 Other residential setting (nursing home, group home,
- etc) 07 Mental health clinic / facility
- Educational facility (school,
- 10 Hospital outpatient or
- ambulatory service Rehabilitation facility
- outpatient or ambulatory service Rehabilitation facility
- inpatient service Correctional facility
- Other

15G Client Base

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

- 03 Adults Seniors
- Mixed Client Base 07 Not Applicable

912 Nova Scotia

- 946 Manitoba
- 948 Alberta 959 British Columbia
- 999 Outside of Canada

- Native community agency
- Private practice / office 05 Client's home
- 08 Addiction services
- college, university)
 Medical centre / office
- 12 Hospital inpatient service
- 16 Family Court
- 01 Children 02 Adolescents/Youth
- 04
- 05 Families Service Providers (eg. day 06 cares, foster homes, etc.)

- 15H Language of Service 01 English
- 03 French and English
- 06 Passamaquoddy

07 Sign Language 99 Other

- 15I Area of Practice Services for children or adults
- Services for children or adults with illness, disability or special needs Mental health services (e.g.
- 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,
- approval, monitoring of child care, foster homes, adoption, special care homes) Services for individuals and 07
- Other social work services
- 10
- Social Policy Development Social Program Development 12
- Not applicable 98

- 12 Vietnamese
- 13 Arabic
- 15 Danish
- 16 Dutch
- 18 Korean

Province Information

- 910 Newfoundland and Labrador
- 924 Quebec
- 961 Northwest Territories

- 02 French
- 04 Mi'gmac 05 Wolastoqiyik

- who are victims of abuse (e.g. screening, investigation, protection, counseling) 02
- assessment, counseling.
- assessment, intervention) Services related to placement (e.g. recruitment, assessment,
- families involved with the justice system
- 09 Community Development Social Work Administration
- 13 Social Work Education