

Member Application Form Social Work Technician Equivalency Application

PLEASE COMPLETE EACH SECTION								
First Name: Last Name:								
Previous names (if applicable):								
Date of birth (day/month/year):								
Mailing Address:								
Phone number: (Home): (Office):								
(Cellphone):								
Email Address:								
1. Canadian Residency (select one):								
I am a resident of Canada	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):								
 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): 								
 I have reviewed the NBASW's <u>Scopes of Practice</u> and believe I have worked in a Social Work Technician equivalent role Yes No 								
 Are you currently practicing in a social work technician equivalent role? Yes No 								
Page 1 of 5								



5. I have more than one individual capable of completing the Employer Verification Form as part of my Equivalency application in the event more information is required. Yes

No

6. When available, I would prefer receiving material written in: English

French

FEE:

Application Form must be accompanied by an application fee of \$105.00 (non-refundable) by June 7, 2025 to be considered for equivalency. Indicate Association 7 default registration number 12345.

DECLARATION AND AUTHORIZATION:

I declare that all the information provided is accurate: I understand that this application fee is non-refundable and that a false or misleading statement, representation, or declaration in connection with this application is cause of rescission and/or revocation of my registration 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, By-laws and Scope of Practice of the Association and will as far as may be in my power to promote the objectives of the Association.

Signature:_____ Date:_____

Please submit the completed form directly to NBASW by:

- **Email:** shae.mccarthy@nbasw-attsnb.ca subject: Equivalency
- **Fax:** 506 457-1421
- **Mail:** Shae McCarthy RE: Equivalency • New Brunswick Association of Social Workers P.O. Box 1533 Station A Fredericton, NB E3B 5G2



Proofs of Identity Submission Social Work Technician Equivalency 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 : Equivalency
- Fax: 506 457-1421; or
- Mail: Shae McCarthy RE: Equivalency New Brunswick Association of Social Workers P.O. Box 1533 Station A Fredericton, NB E3B 5G2

Yea		-	an for Code	Social V	<u>Regis</u> Work Technie	<u>stration</u> cian Eq	<u>Form</u> uivalency	yAppli	cation Telephone: (500	Fredericton, 6) 459-5595 Fax: (5	33, Station A NB E3B 5G2 506) 457-1421
Se	e Ioll	owing pa	age for Code	S					E-Mail: s	shae.mccarthy@nb	asw-attsnb.ca
1. 2.	a. Mem b. <i>(If A</i>) i) Pre	<i>pplicable)</i> evious provin esidence, Emp	code): s you are seeking (c ce/Territory/State/C oloyment, and Regis n Number(s) in Pre	ountry (code)	tion:						
3.	NBAS	W Chapter (co	ode):			7. A. I am a	ble to provide	e professio	nal services in the fo	llowing official lang	uages (code):
4.	Gender	: Ot	her/Prefer not to say	w W	М		-				
5.	Year of	Birth:				B. I am able	e to provide pi	rofessiona	l services in the follo	wing additional lang	uages (codes):
6.	I desire	NBASW mat	terial in:	E	F						
9	A. Socia		ecognized Social W	ork Technici	ian Programs Only			9B. O	ther degrees/diplon	nas Only	
]	Level	University/ Institution	Graduation Year	Province/ Country	Completed before or after entry into	r Level (code)	Discipline (code)	Tra	aining Institute	Graduation Year	Province/ Country (code)
Di	ploma:	(code)		(code)	the work force? before						
					after before					-	
ва	chelor:				after before	_					
Ma	aster:				after					-	
Ph	D:				before after						
10.		of Experienc	e (code): er as a social worker	+		code 04 or 99	, please speci	fy type(s)			
15.	Employ Employ	ment (Please vment 1		ou are curren	cope(code):				pe of practice, seekir Brunswick)	ng employment?	es No
B.	Private Depar Specific	e Practice I g tment, Gov't d dept, Agenc	y, Employer:		Yes No First Nations Ag		Not for Pro	fit Agency		see code sheet): fit Agency	Other
	-	work Addres	s: P	ostal Cada:		Bu	siness Phone:	City	Town:	Fax:	
			ployer: P								
D.	Employ	ment type (co	ode):		Are you seeking a c	change in en	ployment typ	e?	Yes No		
E.	Role	e (code)	F. Service Loca	ation (code)	G. Client Base (coo	de) H.	Language of S (code)	Service	I. Area of Practic (code)	J. Average	Hours per Week
	Employ	vment 2									
A .	Privat		l y one, then go to B give permission (see of: NB		Yes N First Nations A			If Region rofit Agen	al Health Authority (cy For P	see code sheet) rofit Agency	Other
	-							01	/T		
	-	Work Addre	ss: P	lostal Code:		Bu	siness Phone:	City	Town:	Fax:	
		-	ployer: P					<u>.</u>			
		ment type (co			Are you seeking a c	change in en	ployment typ	e?	Yes No		
E.	Rol	e (code)	F. Service Loca	ation (code)	G. Client Base (coo	de) H.	Language of (code)	Service	I. Area of Practic (code)	ce J. Average	Hours per Week
-				-	ound by and comply	with the terr	ns of the New	/ Brunswic	ck Association of Soc	cial Workers Act (20	24), By-laws
·	24), Cod nature:		007) and standards.						D	Date:	

NBASW Codes 2024

Find the resp		put the code associated on the registrati	on form above.
	PERSONAL IN	FORMATION	
 Registration Status Registration Renewal: Registered in N.B. <u>last year</u> Reinstatement : registered in N.B. <u>prior</u> to last year but not last year Initial N.B. Registration: no prior registration in this province Previously registered in another Jurisdiction Membership Status Practicing Social Work Member Non-Practicing Social Work Member Temporary Authorized Social Work Member 	 2A Membership Status (cont) 13 Non-Practicing Social Work Technician Member 14 Temporary Authorized Social Work Technician Member *2B See Province Information (highlighter 3 NBASW Chapter 01 Chaleur 02 Charlotte County 03 Edmundston/ Grand Falls 04 Fredericton 05 Miramichi 06 Moncton 07 Restigouche 08 Saint John 09 Sussex 10 Woodstock 11 Acadian Peninsula 	language English)	 7B Language (cont) 11 Chinese 12 Vietnamese 13 Arabic 14 Bengali 15 Danish 16 Dutch 17 German 18 Korean 19 Spanish 20 Hebrew 99 Other (please specify)
	DUCATION INFORMATIO	N	Province Information
 9A Social Work Degrees Only University 01 Université de Moncton 02 Saint Thomas University 03 Memorial University 04 Dalhousie University(MSSW) 05 Université de Québec 06 Université de Sherbrooke 07 Université Laval 08 McGill University 09 Université de Montréal 10 Carleton University 11 University of Toronto 13 York University 14 Ryerson Polytechnic University 15 McMaster University 16 Wilfred Laurier University 17 University of Windsor 18 Lakehead University 19 University of Regina 21 University of British Colombia 23 University of Victoria 24 Laurentian University 99 Other 	 9B Other Education Level 01 Diploma 02 Baccalaureate 03 Master 04 PhD/Doctorate Discipline / Faculty 01 Social Work 02 Arts (Sociology, Psychology etc) 03 Science 04 Nursing 05 Education 06 Administration, Commerce, Management 07 Law 08 Divinity/Theology 09 Gerontology 99 Other 	 10 Areas of Experience 01 Child Welfare/Protection 02 Family Therapy 03 Gerontology 04 Counselling 05 Investigation 06 Mediation 07 Community Development 08 Management/Administration 10 Addictions 11 Treatment of Abuse 12 Mental Health 13 Psychotherapy 14 Custody and Access Assessments 15 Adoption 16 Group Work 17 Social Work Supervision 18 Social Work Consulting 19 Social Policy analysis/development 20 Teaching of social work 99 Other 	Province Codes for Personal Information, 2B, 9A, 9B, 15 910 Newfoundland and Labrador 911 Prince Edward Island 912 Nova Scotia 913 New Brunswick 924 Quebec 935 Ontario 946 Manitoba 947 Saskatchewan 948 Alberta 959 British Columbia 960 Yukon Territory 961 Northwest Territories 962 Nunavut 999 Outside of Canada
	EMPLOYMENT		
 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 we being performed for different employers. If y have multiple roles, service locations, and client groups etc., you may break down ye average hours per week accordingly to reflect proportion of your time spent in each area. Total hours should represent one average we week. 15A Private Practice I give permission to release my name, addr and phone number to EAP companiinstitutions and/or individuals seeking services of a private practitioner. 15A Regional Health Authority 01 Hospital social work 02 Extra-Mural 03 Community Health Centre 04 Mental Health 05 Addiction Services 99 Other 	15D Employment Type Permanent01 Full-time by choice02 Full-time by choice03 Part-time04 Part-time seeking part-time04 Part-time seeking full-time05 Temporary/Contract05 Temporary full-time06 Temporary part-time07 Casual by choice08 Casual Seeking part-time09 Casual seeking full- time09 Casual seeking full- time10 Leave of Absence11 Parental leave12 Sick leave14 Education leave16 Entrepreneurial leaveess15E RoleessSelect role which best applies to	 INFORMATION 15F Service Location Indicate where you usually provide your services Of Government social work agency Non-profit community agency Native community agency Native community agency Native community agency Native community agency Private practice / office Client's home Other residential setting (nursing home, group home, etc) Mental health clinic / facility Addiction services Educational facility (school, college, university) Medical centre / office Hospital outpatient or ambulatory service Hospital inpatient service Rehabilitation facility outpatient or ambulatory service Correctional facility Family Court Other 15G Client Base Select code 98 if you are not employed in front line/direct practice Children Adolescents/Youth Adults Seniors Families Service Providers (eg. day cares, foster homes, etc.) Mixed Client Base Not Applicable 	 15H Language of Service 01 English 02 French 03 French and English 04 Mi'gmac 05 Wolastoqiyik 06 Passamaquoddy 07 Sign Language 99 Other 15I Area of Practice 01 Services for children or adults who are victims of abuse (e.g. screening, investigation, protection, counseling) 02 Services for children or adults with illness, disability or special needs 03 Mental health services (e.g. assessment, counseling, psychotherapy) 04 Services for individuals and/or families in crisis (e.g. prevention, counseling, mediation) 05 Services for individuals and families affected by substance abuse (e.g. prevention, assessment, intervention) 06 Services related to placement (e.g. recruitment, assessment, approval, monitoring of child care, foster homes, adoption, special care homes) 07 Services for individuals and families involved with the justice system 08 Other social work services 09 Community Development 10 Social Work Administration 11 Social Policy Development 23 Social Work Education 94 Not applicable 99 Other