

Application Form for Registration as a Social Service Worker



Ontario College of
Social Workers and
Social Service Workers

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General Certificate of Registration for Social Service Work – Combination of Academic Qualifications and Experience Performing the Role of a Social Service Worker

Part I

Use this application form if you have a combination of academic qualifications and experience that is substantially equivalent to the qualifications required for a diploma in social service work from a social service work program offered in Ontario at a college of applied arts and technology.

PLEASE READ THE REGISTRATION GUIDE BEFORE COMPLETING THE APPLICATION FORM

- Please print clearly.
- Complete all sections of the application form. If a section is not applicable, indicate "N/A".
- Incomplete applications cannot be processed and will be returned.
- Send the completed and signed application form to the Ontario College of Social Workers and Social Service Workers.

1. Preferred Language of Communication

 English

 French

2. Personal Information

Print your name exactly as you wish it to appear on your certificate of registration. This is the name that will be on the College's Register and that you must use in the course of practising the profession. Information on the Register is available to the public.

First name:

Middle name:

Last name:

Previous name(s):

Date of birth:

DAY | MONTH | YEAR

 Male

 Female

 X

3. Home Address and Contact Information

Street:

Apt/bldg:

Post office box:

City:

Province/state:

Postal code:

Country:

Home telephone (include area code):

Cell phone (include area code):

Home email:

4. Business Address and Contact Information

If you are currently practicing social service work, please complete the information below. If you have more than one place of business/employment, please indicate your principal place of business/employment.

Name of business or employer:		
Street:	Apt/bldg:	
Post office box:	City:	
Province/state:	Postal code:	Country:
Business telephone (include area code):	Extension:	
Business fax (include area code):	Business email:	

5. Email Communications

Preferred email address:	<input type="checkbox"/> Home	<input type="checkbox"/> Business
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6. Language

In order to be registered in the College, you must demonstrate that you are able to speak and write either in English or French with reasonable fluency.

Is English your primary language of communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is French your primary language of communication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was English your language of educational instruction in social service work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was French your language of educational instruction in social service work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently provide social service work principally in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently provide social service work principally in French?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Citizenship (select only one)

I am	<input type="checkbox"/> a Canadian citizen;
or	<input type="checkbox"/> a permanent resident of Canada;
or	<input type="checkbox"/> authorized under the <i>Immigration and Refugee Protection Act</i> (Canada) to engage in the practice of social service work (NOTE: Attach a photocopy of authorization to this form);
or	<input type="checkbox"/> none of the above – please specify:

8. Release of Information from the Register for Research Purposes

I consent to the release of information pertaining to me which is contained in the Register of the College to a person or an organization for the purpose of research.

OR

I do not consent to the release of information pertaining to me which is contained in the Register of the College to a person or an organization for the purpose of research.

9. Academic Qualifications

The College requires verification of your academic qualifications and any courses you wish to have considered. It is your responsibility to ensure that the College receives transcripts of your academic credentials, as well as transcripts of any other courses that you completed and wish to have considered, sent **directly** to the College from your academic institution.

Do you have a diploma from a college of applied arts and technology in Ontario? Yes No

Name and address of institution:

Name of diploma obtained:

Length of program:

Convocation date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Do you have a college or university diploma other than a diploma from a college of applied arts and technology in Ontario? Yes No

Name and address of institution:

Name of diploma obtained:

Length of program:

Convocation date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Student I.D. #

Do you have a degree from a university? Yes No

Name and address of institution:

Name of degree obtained:

Convocation date: DAY | MONTH | YEAR

Name as it appears on academic credential:

Student I.D. #

10. Course Content of Academic Program

In order to assess whether you have a combination of academic qualifications and experience that is substantially equivalent to the qualifications required for a diploma in social service work from a social service work program offered in Ontario at a college of applied arts and technology, the College requires a detailed description of the courses you completed and for which course credits were obtained.

You must submit official course calendar descriptions OR official course outlines/syllabi for the courses which are confirmed as completed on your transcript(s). Courses in progress will not be considered. **Course descriptions must be for the year(s) in which you completed the academic program.**

If you completed a field placement/practicum/internship, please provide a written description including the following:

- brief description of agency/setting
- brief description of client population(s)
- brief description of roles/responsibilities
- duration (start/end dates; number of hours per week/month)

Included in your diploma and/or degree program(s), there must be content judged to be equivalent to the following three content areas. **You do NOT need to indicate on this Application Form which of your courses you think should meet each area.** The College will assess the content based on the transcripts and course descriptions received.

Refer to the **Registration Guide** for a description of the criteria and content areas which will be used to make an assessment of your application.

General Education Requirement

You must demonstrate that you obtained course credits in your academic program in at least one of the areas of study set out below, and that the course credits for the General Education Requirement are equal to at least 120 instructional hours. Course credits used to demonstrate achievement of the General Education Requirement cannot be applied to demonstrate achievement of the Vocational Learning Outcomes.

- i) Arts in Society: Recognize and evaluate artistic and creative achievements
- ii) Civic Life: understand the patterns of human relationships that underlie the orderly interactions of a society's various structural units
- iii) Social and Cultural Understanding: gain an awareness of one's own place in contemporary culture and society by acquiring knowledge of the patterns and precedents of the past
- iv) Personal Understanding: develop and understand oneself as an integrated physiological and psychological entity in order to be a fully functioning person
- v) Science and Technology: understand the basics of scientific inquiry that deals with fundamental or basic questions of science and technology in a non-applied manner

Vocational Learning Outcomes

You must demonstrate that you have achieved the 10 Vocational Learning Outcomes set out below through course credits obtained in your academic program and that the course credits used to demonstrate achievement of the 10 Vocational Learning Outcomes are equal to a minimum of 680 instructional hours (approximately 17 vocational courses). Course credits used to demonstrate achievement of the Vocational Learning Outcomes cannot be applied to demonstrate achievement of the General Education Requirement.

- i) The ability to develop respectful and collaborative professional and interpersonal relationships that adhere to professional, legal, and ethical standards aligned to social service work.
- ii) The ability to record information accurately and communicate effectively in written, digital, verbal and non-verbal ways, in adherence to privacy and freedom of information legislation, in accordance with professional and workplace standards.
- iii) The ability to integrate a practice framework within a service delivery continuum, addressing the needs of individuals, families and communities at micro, mezzo, macro and global levels, and work with them in achieving their goals.
- iv) The ability to plan and implement accessible and responsive programs and services, recognizing the diverse needs and experiences of individuals, groups, families and communities, and meeting these needs.
- v) The ability to examine current social policy, relevant legislation, and political, social, historical, and/or economic systems and their impacts for individuals and communities when delivering services to the user/client.
- vi) The ability to develop strategies and approaches that support individual clients, groups, families and communities in building the capacity for self-advocacy, while affirming their dignity and self-worth.
- vii) The ability to work from an anti-oppressive, strengths-based practice, recognizing the capacity for resilience and growth of individuals and communities when responding to the diverse needs of marginalized or vulnerable populations to act as allies and advocates.
- viii) The ability to develop strategies and approaches to implement and maintain holistic self-care as a member of a human service profession.
- ix) The ability to work with individuals, groups, families and their communities to ensure that service provider strategies promote social and economic justice, and challenge patterns of oppression, discrimination and harassment, and sexual violence with clients, coworkers and communities.
- x) The ability to develop the capacity to work with the Indigenous individual, families, groups and communities while respecting their inherent rights to self-determine, and to identify and address systemic barriers that produce ill-effects, developing appropriate responses using approaches such as trauma informed care practice.

Essential Employability Skills

You must demonstrate that you have achieved the 11 Essential Employability Skills set out below principally by obtaining credit courses forming part of your academic program.

- i. the ability to communicate clearly, concisely and correctly in the written, spoken and visual form that fulfils the purpose and meets the needs of the audience
- ii. the ability to respond to written, spoken or visual messages in a manner that ensures effective communication
- iii. the ability to execute mathematical operations accurately
- iv. the ability to apply a systematic approach to solve problems
- v. the ability to use a variety of thinking skills to anticipate and solve problems
- vi. the ability to locate, select, organize and document information using appropriate technology and information systems
- vii. the ability to analyze, evaluate and apply relevant information from a variety of sources
- viii. the ability to show respect for the diverse opinions, values, belief systems and contributions of others
- ix. the ability to interact with others in groups or teams in ways that contribute to effective working relationships and the achievement of goals
- x. the ability to manage the use of time and other resources to complete projects
- xi. the ability to take responsibility for one's own actions, decisions and consequences

11. Experience Performing the Role of a Social Service Worker and Currency of Practice of Social Service Work

Have you engaged in the practice of social service work within the five years immediately before the date of this application?

Yes No

If you answered "No": download, complete, sign and date, and submit with your application the "Supplemental Form Regarding Competence to Perform the Role of a Social Service Worker – Combination of Academic Qualifications and Experience Performing the Role of a Social Service Worker."

If you answered "Yes": Please provide the following information regarding your experience performing the role of a social service worker, starting with your **current or most recent employer**:

1) Name of employer:

Business address of employer:

Dates of employment: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Hours worked per week: Name/title of position:

Position duties and responsibilities:

Were you supervised by a social worker or social service worker in this position? Yes No

IF YES

Name of social work or social service work supervisor:

Qualifications of supervisor:

Number of hours per week of supervision by a social worker or social service worker:

2) Name of employer:

Business address of employer:

Dates of employment: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Hours worked per week: Name/title of position:

Position duties and responsibilities:

Were you supervised by a social worker or social service worker in this position? Yes No

IF YES

Name of social work or social service work supervisor:

Qualifications of supervisor:

Number of hours per week of supervision by a social worker or social service worker:

Attach additional pages if required.

If you were engaged in the practice of social service work **in private practice**, please provide the following information regarding your private practice, starting with your current or most recent private practice. Please also enclose a business card, letterhead or other evidence that confirms your private practice.

Indicate N/A if this is not applicable to you: N/A

Name of private practice:

Business address of private practice:

Dates of private practice: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Nature and focus of private practice:

Average number of clients per month:

Were you supervised by a social worker or social service worker in this position? Yes No

IF YES

Name of social work or social service work supervisor:

Qualifications of supervisor:

Number of hours per week of supervision by a social worker or social service worker:

Enclose original business card, letterhead or other evidence that confirms your private practice.

Please provide the following information regarding your experience performing the role of a social service worker **in an academic practicum**.

Indicate N/A if this is not applicable to you: N/A

Name of the organization where the practicum occurred:

Address of the organization where the practicum occurred:

Dates of the practicum: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Hours worked per week:

Position duties and responsibilities:

Were you supervised by a social worker or social service worker in this position? Yes No

IF YES

Name of social work or social service work supervisor:

Qualifications of supervisor:

Number of hours per week of supervision by a social worker or social service worker:

ALL APPLICANTS: Download and complete Section I of the Length of Practice and Supervision Confirmation Form and forward the form to your current and/or previous employer(s) or supervisor(s) for completion. The form must be completed and returned by the employer or supervisor directly to the College by mail.

12. Membership in Any Other Regulatory Body

Are you currently or have you ever been a member of a professional association or other body that has self-regulatory responsibility, whether in Ontario or in any jurisdiction, in relation to the practice of social work, social service work or any other profession?

Please note that this does not include membership in a professional association such as OASW, CASW or OSSWA.

Yes No

If you answered "Yes", please provide the following information regarding your membership in every such association or body.

Name of association or body:

Address of association or body:

Dates of membership: From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Registration number:

13. Professional Conduct and Health**A) Declaration regarding Proceedings and Offences**

a. Have you ever been the subject of a finding of professional misconduct, incompetence or incapacity or any other similar finding, including a finding of professional misconduct, incompetence or incapacity made by a professional association or other body that has self-regulatory responsibility, whether in Ontario or any other jurisdiction, in relation to the practice of social work, social service work or any other profession? Yes No

b. Are you currently the subject of a proceeding in relation to professional misconduct, incompetence or incapacity or any other similar proceeding (for example, a complaint or discipline proceeding), including a proceeding relating to professional misconduct, incompetence or incapacity held by a professional association or other body that has self-regulatory responsibility, whether in Ontario or any other jurisdiction, in relation to the practice of social work, social service work or any other profession? Yes No

c. Have you ever been found guilty of a criminal offence in Canada or in any jurisdiction outside of Canada? Yes No

d. Have you ever been found guilty of an offence under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada) or any other offence relevant to your suitability to practise social service work? Yes No

If your answer is "Yes" to any of the above questions, please attach an explanation and any relevant supporting documentation.

If the information provided under this Item 13 changes after you have applied for registration but before you are issued a certificate of registration, you must immediately inform the Registrar in writing.

B) Declaration regarding Health and Conduct

Is there anything in your past or present conduct that would provide reasonable grounds for the belief that you:

a) have any physical or mental condition or disorder that could affect your ability to practise social work or social service work in a safe manner? Yes No

b) will not practise social work or social service work with decency, integrity and honesty and in accordance with the law? Yes No

continued on next page

c) do not have sufficient knowledge, skill and judgment to practise social work or social service work?

Yes No

If your answer is “Yes” to question a., please attach an explanation regarding the ways in which your physical or mental condition or disorder could affect your ability to practise in a safe manner. If your answer is “Yes” to questions b. or c., please attach an explanation and any relevant supporting documentation.

14. Declaration and Authorization

I declare that all the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in or in connection with this application is cause for rescission and/or revocation of my certificate of registration with the Ontario College of Social Workers and Social Service Workers (the “College”).

I agree to notify the College in writing within 30 days of any change(s) to any information contained on this form.

I hereby authorize the College to contact any authority, institution, association, body or person in any jurisdiction to verify the information set out in this application and hereby authorize any such authority, institution, association, body or person to release to the College any information relevant to the information set out in this application.

I understand that my name, class of certificate of registration, business address(es), business telephone number(s) and name of my employer or business, as well as other information listed in the *Social Work and Social Service Work Act, 1998* and bylaws, is information which is available to the public.

I also understand that if I provide my home address as my business address, my home address will be information which is available to the public.

Print name:

Signature:

Date of application:

If disclosure of your business address(es), business telephone number(s) or name of your employer or business may jeopardize your safety, please advise the Registrar in writing. The Registrar will assess whether there is a basis for this information not to be made available to the public. In addition, if you use a pseudonym in your practice of social service work because it is necessary for your personal safety, please advise the Registrar in writing. In both cases, provide written details.

continued on next page

15. Application and Registration Fee

Registration fee:	\$360.00
Application fee:	\$100.00
Total Fee:	\$460.00

Please note the following:

- The application fee is not refundable
- Payment must be made in full and may be made by cheque, money order, credit card, Visa debit and Mastercard debit
- Post-dated cheques will not be accepted
- There will be a \$25.00 charge for any cheque that is not honoured

Enclose with the application a cheque or money order, in the correct amount, made payable to the Ontario College of Social Workers and Social Service Workers for the TOTAL amount of the application fee and the applicable registration fee.

Amount of cheque enclosed \$

OR Complete the following credit card information (PLEASE PRINT CLEARLY)

VISA MASTERCARD

Card number:

Expiry date:

CVV (card verification value)*:

Amount authorized:

Signature of card holder:

** For Visa/Mastercard including Visa/Mastercard debit, the three-digit CVV number is printed on the signature panel on the back of the card.*