

# Supplemental Form Regarding Competence to Perform the Role of a Social Service Worker

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



Ontario College of  
Social Workers and  
Social Service Workers

250 Bloor St. E.  
Suite 1000  
Toronto ON M4W 1E6

Telephone: 416-972-9882  
Toll Free: 1-877-828-9380  
Fax: 416-972-1512  
ocswssw.org

To be completed if you answered “No” to question 11. on the application form: “Have you engaged in the practice of social service work within the five years immediately before the date of this application?”

Complete and sign this form and submit it with your application form. This supplemental form forms part of your application. The Declaration and Authorization set out in item 14 of the application form is deemed to be incorporated into this supplemental form by reference.

1. **Within the past five years:** If you have not engaged in the practice of social service work within the five years immediately before the date of your application, please provide detailed information, on a separate piece of paper, regarding any professional development courses, seminars or workshops etc, completed by you, within the past five years.

---

---

---

2. **Within the past five or more years:** If you have not engaged in the practice of social service work within the five years immediately before the date of your application, but you have engaged in the practice of social service work during a period that precedes the last five years, either through employment or private practice, please provide a detailed account of your social service work practice during any period which precedes the last five years. **Mark N/A if not applicable:**

a. Name and business address of previous employer (or of your private practice):

---

---

---

Dates of employment (or dates of your private practice):

From:

To:

Name/title of your position:

Description of duties and responsibilities:

---

---

---

b. Name and business address of previous employer (or of your private practice):

---

---

---

Dates of employment (or dates of your private practice):

From:

To:

Name/title of your position:

Description of duties and responsibilities:

Please attach additional pages as required.

3. **Private practice:** If you have engaged in the practice of social service work in private practice during a period that precedes the five years immediately before the date of your application, also provide the following information. **Mark N/A if not applicable:**

Average number of clients per month seen in your private practice:

Nature and focus of your private practice:

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

Please attach additional pages as required.

Print name:

Signature:

Date of signature: