

Length of Practice and Supervision Confirmation Form



Ontario College of
Social Workers and
Social Service Workers

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ocswssw.org

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

Part II

SECTION I

Section I is to be completed by the applicant and given to the applicant’s employer or supervisor to complete Section II. THE COLLEGE WILL NOT ACCEPT THIS FORM IF RECEIVED FROM THE APPLICANT.

Name of applicant:

Address of applicant:

Applicant’s position referenced on this form:

Name of Agency/employer
 Academic practicum

Address of Agency/employer
 Academic practicum

Telephone number of Agency/employer
 Academic practicum

Name of supervisor:

Address of supervisor:

Telephone number of supervisor:

Email address of supervisor:

SECTION II

Section II is to be completed by the employer or the social worker or social service worker who supervised the applicant in the employment setting or in the academic practicum. The form must be returned by the supervisor or employer directly to the OCSWSSW by Canada Post.

THE COLLEGE WILL NOT ACCEPT THIS FORM IF RECEIVED FROM THE APPLICANT.

The individual named above has applied to the Ontario College of Social Workers and Social Service Workers to be registered as a social service worker under the *Social Work and Social Service Work Act, 1998*, on the basis that the applicant’s combination of academic qualifications and experience 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.

If you answered "Yes", please provide examples:

(ii) Treatment Yes No

If you answered "Yes", please provide examples:

(iii) Evaluation Yes No

If you answered "Yes", please provide examples:

5. Did the applicant use any of the following in the course of performing their duties?

(i) Social service work knowledge Yes No

If you answered "Yes", please provide examples:

(ii) Social service work skills Yes No

If you answered "Yes", please provide examples:

(iii) Social service work interventions Yes No

If you answered "Yes", please provide examples:

(iv) Social service work strategies Yes No

If you answered "Yes", please provide examples:

6. Did the applicant provide services to assist any of the following?

(i) Individuals Yes No

(ii) Dyads Yes No

(iii) Families Yes No

(iv) Groups Yes No

(v) Organizations Yes No

(vi) Communities Yes No

7. Was the purpose of the services provided to achieve optimum social functioning? Yes No

8. Provide us with information about the period of time when the applicant was performing the role of a social service worker AND was supervised by a social worker or a social service worker:

From: DAY | MONTH | YEAR To: DAY | MONTH | YEAR

Position applicant held:

Description of the role:

Total number of hours which the applicant worked under the supervision of a social worker or a social service worker:

9. Provide us with information about the qualifications of the social work or social service work supervisor:

Name of social work or social service work supervisor:

Academic qualifications of social work or social service work supervisor:

Name of academic institution from which the supervisor obtained his or her credentials:

Member of the OCSWSSW: Yes No

If "YES" Registration number:

The OCSWSSW may contact you if further information is required.

I hereby confirm that the information provided in this form is accurate, and acknowledge that the Ontario College of Social Workers and Social Service Workers will be relying on this information in considering the above-named individual's application for registration.

Name of person completing this form:

Signature:

Printed name:

Date signed:

Title:

Please send the completed and signed form to:

The Registration Department
 Ontario College of Social Workers and Social Service Workers
 250 Bloor St. East, Suite 1000, Toronto, Ontario M4W 1E6