



Application for migration skills assessment for a social worker with a recognised social work qualification completed in New Zealand and holding full, current registration with the NZSWRB in confidence (when completed)

## **IMPORTANT**

The Mutual Recognition Agreement (the MRA) will only apply to:

Social workers who have completed a recognised New Zealand social work qualification, are currently fully registered with the NZSWRB and are eligible to hold a Practising Certificate (PC).

Please note this application is for **migration skills assessment purposes only**, if you require a membership eligibility assessment please use the **MRA Membership Eligibility Assessment application form.** 

As of 1 April 2016 the NZSWRB will be charging a fee for the requests of 'Certificates of Good Standing'. Applicants will be invoiced by the NZSWRB for the fee. Once paid by the Applicant, the Certificate of Good Standing will be issued to AASW to finalise the application.

Appl	ication form checklist:
	Do you hold a social work qualification which you completed in New Zealand which is recognised by the New Zealand Social Workers Registration Board?
	List of Current and Historic recognised New Zealand social work qualifications is available here.
	Do you currently hold <b>FULL</b> registration with the NZSWRB?
	Are you currently eligible to hold a Practising Certificate?
	nswered yes to <b>ALL</b> of these questions then you are eligible to apply for your assessment under the MRA in the AASW and the NZSWRB and can proceed to use this form.
	nswered <b>NO</b> to one or more of these questions then you are ineligible to apply under the MRA and you must r an individual assessment of your qualification. For further information regarding how you apply please click
	ist include the following information with this application: (failure to submit all required entation may delay your assessment)
	Certified copy of qualification papers (ie. degree certificate) - undergraduate and/or postgraduate;
	Certified copy of identity page of passport.
	Evidence of meeting the English language requirements, please refer to the relevant titled document for further information; if exemption requirement is met both secondary and tertiary qualifications are required to be lodged.
	If applicable evidence of change of name, certified copy of change of name document (ie. marriage certificate);
	If applicable, agent's authorisation form (an agent/proxy is a person authorised by you, to lodge an application and deal with the AASW on your behalf);
	Assessment fee, please see Section 7 for further information
	Sign the declaration in Section 2 and Section 6

1. Your personal details:				
Preferred title: Mr Mrs Ms Miss Dr Other				
Your family name:				
Given name/s:				
Any other names you have used: (ie: before marriage etc)				
Sex: Male Female Date of Birth:				
Contact details for correspondence:				
Name:				
Address:				
Town/Suburb:				
State:				
Country: Postcode:				
Work phone: Home phone: include area codes include area codes				
Email:				
2. Registration details:				
Are you registered with the NZSWRB?				
Name as listed on NZSWRB Register:				
NZSWRB Registration Number:				
Do you hold Full Registration? Yes OR No				
Are you eligible to hold a Practising Certificate?  Yes  OR  No				
I authorise the AASW to confirm my registration status with the New Zealand Social Workers Registration Board.  I authorise the New Zealand Social Workers Registration Board to issue a letter of good standing to the AASW.				
Signature Date				

# 3. Your post secondary or higher education:

Qualification 1			
Give details regarding your social work degree,	what is the name of the qualificat	ion you ha	ave obtained?
Name of institution:			
Address of institution:			
What is the normal entry requirement for this co	urse?		
Normal length of full time course:	Years	OR	Semesters
Normal length of semester/term:	Weeks	OR	Months
What was the length of time which you took to complete the course?	Years	OR	Months
Date course commenced:	Date course completed	d:	
Date conferred:			
If length of time it took you to complete the cours	se, was different to the normal le	ngth, pleas	se provide reasons
Was this course completed full time or part time	? Full time	OR	Part time
If other please described:			
If part time, how many hours per week :			

## Field education work placements

Field education work placements are concurrent with and are a required part of the social work training. Each placement undertake concurrently with your course should be described separately below, if you have completed more than two placements, please attach and sign separate sheets of paper providing the required information.

A. Name of agency:					
Period of placement:	to				
Total number of days of placement:	Number of hours per day:				
Total hours completed over the duration of the place	ement:				
List the names and qualifications of supervisors:					
Describe your key roles and responsibilities during t	his placement and the client group/s you worked with:				
B. Name of agency:					
Period of placement:	to				
Total number of days of placement:	Number of hours per day:				
Total hours completed over the duration of the placement:					
List the names and qualifications of supervisors:					
Describe your key roles and responsibilities during this placement and the client group/s you worked with:					

# **Qualification 2** If you completed a Master of Social Work (Qualifying) and/or graduate entry Master of Social Work please provide details about your undergraduate degree. What is the name of the qualification you have obtained? Name of institution: Address of institution: What is the normal entry requirement for this course? Normal length of full time course: Years OR Semesters Normal length of semester/term: Weeks OR Months What was the length of time which you took to complete the Years OR Months course? Date course completed: Date course commenced: Date conferred: If length of time it took you to complete the course, was different to the normal length, please provide reasons:

Full time

OR

Was this course completed full time or part time?

If part time, how many hours per week:

If other please described:

Part time

# 4. Evidence of English language:

n Evidence of English languager					
Have you: (please tick one box as applicable and attach the relevant evidence)					
<ul> <li>Demonstration of evidence of English language proficiency in the International English Testing System(IELTS) Academic Test through two test sittings in a six (6) month period, provided that:         <ul> <li>a minimum score of 7.0 is achieved in either one or two settings and</li> <li>a minimum score of 7.0 is achieved in each of the four components (listening, reading, writing and speaking) in a maximum of two sittings in a six-month period, and no component score is below 6.5. Where a component score falls below 6.5, the test would not be acceptable.</li> </ul> </li> </ul>					
This may be waived where applicants have met the educational requirements for English language (see Exemptions below), <b>OR</b> ;					
Completed all secondary education, that was taught and assessed in English, in Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or United States of America <b>AND</b> successfully completed (with a pass grade or higher) the equivalent of three years or more full-time tertiary study (at Bachelor Degree level or higher), that was taught and assessed in English, in Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or United States of					
Applicants may demonstrate English language proficiency in the following ways:  • Submission of certified Academic IELTS test results, or					
If eligible for the exemption above:					
<ul> <li>Submission of certified copies of secondary results or a letter from your secondary school or the relevant department of education in the country of study which states that your secondary education was completed, taught and assessed in the English language, and submission of certified copies of tertiary results evidencing that they were successfully completed, taught and assessed in the English language.</li> </ul>					
<ul> <li>Where certified copies of secondary and/or tertiary results cannot be supplied, a Statutory Declaration certifying that the education was successfully completed, taught and assessed in the English language may also be acceptable</li> </ul>					
For more information about statutory declarations, please read our Frequently Asked Questions page.					
Please see the English language requirements document for further details.					
5. Skilled employment assessment (optional):					
Are you submitting evidence of skilled employment for the purposes of awarding of extra points under the points test for migration purposes?					
Please note that this is an additional service and requires the payment of a fee in addition to the qualification assessment fee.					
Yes OR No					
Please refer to the <u>Department of Home Affairs</u> for further information, if you are unsure if you require a skilled employment assessment.					

To be eligible for a Skilled Employment Assessment an applicant must have evidence of one of the following:

- a minimum of 3 years post qualifying social work experience in the last 10 years, if employment was outside Australia
- a minimum of 1 year post qualifying social work experience in the last 10 years, if employment was in Australia

If the above minimum durations have been completed, a skilled employment assessment may be applied for.

Applicants must complete the following table.

#### The AASW must be able to confirm the following for each position held as follows:

- the position title within the organisation
- duration of employment (start and end dates)
- nature of employment (full time/part time and the number of hours completed per week)
- · qualification required to undertake this position

#### The required form of this evidence is:

- 1. Provide a certified copy of employment reference held with each position including information as listed above. Employment references must be on the organisational letterhead and signed by Supervisor/ Team Leader or Employer.
- 2. Provide a separate certified copy of job description on letterhead detailing the key roles and responsibilities/tasks completed in this position for each position held. Please provide a separate job description for each position.
- Other documents to be submitted: employment contract payslips tax documents

All documentation must be a certified copy. An exception can be considered for the current period of employment as it is understood you may not wish to share your migration plans with your current employer at this stage of the migration process. Where this is the case, documents listed in point 2 and 3 are requested to be submitted.

Please note, the AASW must be able to verify all of the required information through evidence supplied. If the AASW cannot verify all of the above the skilled employment assessment will not be completed.

### Other Information

Some attachments are required to be original or \*certified copies of documents. Some documents may be required to be \*\*translated by a qualified translator

#### \*Certified Copies

Certified copy is the copy of a document authorised, or stamped as being a true copy of the original, by a person or agency recognised by the law in the country where the document is being certified. In Australia, this means a copy which is authorised as a true copy by a person before whom a Statutory Declaration may be made. Such authorised persons include the following: magistrate, Justice of the Peace, Commissioner for Declarations, Commissioner for affidavits, solicitor, registered medical practitioner, bank manager, postal manager, an Australian Public Service Officer with 5 years or more service. Each page must be certified separately on the page with the text not on the back of the page and the following must be clearly stated:

- the words 'certified true copy of the original
- the signature of the certifying officer; and
- the name and address or provider/registration number (where appropriate) of the certifying officer legibly
  printed below the signature. It must be possible, from the details provided for the AASW to contact the
  certifying officer if necessary.

Please send the certified copy **NOT** a photocopy of a certified copy.

## PLEASE DO NOT SEND THE ORIGINALS OF THE DOCUMENTS.

All applicants with post qualifying social work experience must complete the following table:

Job Title +Employer + Employer's contact details	Dates of employment  DD/MM/ YYYY	Full time or Part time	Hours of work per week	Total duration of employment (ie: 1 year)	Brief description of key roles and responsibilities	

Please attach additional sheets if required.

# 6. Applicant's declaration:

declare of relevant further in Are you registration	cants are asked to answer the following question. Please not CURRENT suspensions or ineligibilities, in recognition that it to the AASW. Please see the Declaration of Overseas Professormation.  currently suspended to hold, or ineligible to hold, or have co ion or membership of a relevant professional body in anothe Yes (please provide specific details)  ease attach one or both of the following to your application	is only current matters which are essional Conduct Matters policy for anditions on a professional licence,				
2.						
• I auth	orise the AASW to verify the information provided with any re	elevant overseas bodies				
I unde disclo	erstand the AASW will undertake its own checks and verificatesed	ions regarding what I have				
and fu	<ul> <li>I confirm that I have responded to the "Declaration of overseas professional conduct matters" truthfully and fully, and I understand that if I fail to declare a matter this may result in the removal of my AASW membership eligibility in the future</li> </ul>					
	nformation I have supplied on this form and any attachments true to the best of my knowledge;	are complete, correct, up-to-date				
	ertake to inform the AASW of any changes to my circumstand cation is being considered;	ees (e.g. address) while my				
	orise the AASW to make any enquiries necessary to assist ir ications and to use any information supplied in this applicatio					
I have read and understood the information provided that is relevant to this application						

**Date** 

Signature

Please refer to the payment schedule for the correct assessment fee amount, all fees are listed and need to be paid in Australian Dollars.						
I choose to pay by:  Bank cheque						
Money order						
Master card		☐ Visa card	i			
Credit card number:			Expiry:			
Amount in AUD\$:						
Cardholders name:						
Cardholder's signature:						
8. How to lodge your application:						
Please keep a copy of the application form and all attachments for your own records. The application and attachments will be stored confidentially by the AASW and cannot be returned to the applicant. Please mail your application form, supporting documentation and assessment fee to:						
Postal address:		Courier address:				
PO Box 2008 Royal Melbourne Hospital, Victoria, Australia 3050		14-20 Blackwood Stre North Melbourne Victo Australia				

We will notify you via email upon receipt of your application.

7. Payment of fee: