



Australian Association of Social Workers

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PO Box 4956, Kingston ACT 2604
Tel: 02 6273 0199 Freecall: 1800 630 124
Fax: 02 6273 5020
Email: aaswnat@aasw.asn.au
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Australian Institute of Welfare and Community Workers

ABN 286 96 828 620
PO Box 42, Flinders Lane PO, MELBOURNE VIC 8009
Tel: 61 3 9654 8287 Fax: 61 3 9654 1081
Email: Info@aiwcw.org.au
Website: www.aiwcw.org.au

Application for Assessment of Social Work and Welfare Work Qualifications only - Non-Residents

IMPORTANT: It is necessary to read the information relevant to Application form SWNR 1182 before completing this form. The information is available at: AASW - http://www.aasw.asn.au/adobe/emoq/INFO\_FOR\_FORM\_SWNR1182.pdf or AIWCW - http://www.aiwcw.org.au. Make sure you provide ALL documents required and sign the declaration at section 23.

Office use only - File number

Your personal details

Preferred title [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other .....

1 Your family name

2 Given names

3 Any other names you have used (i.e. before marriage, etc)
Family names Given names

4 Sex [ ] Male [ ] Female

5 Date of birth day month year / /

6 Country of birth

7 Country of permanent residence

8 Address for correspondence
Name (see accompanying explanatory notes - Agents)
Address:
Postcode

9 Telephone numbers:
Work Home
Fax: Email:

10 Do you intend to use the outcome of this assessment to migrate to Australia, or to apply for a visa to Australia?

Yes [ ] Go to Question 12

No [ ] Go to Question 11

**11** If you replied 'No' to Question 10, for what purpose do you intend to use this assessment?

**12** Are you seeking assessment as a Social Worker **OR** a Welfare Worker?

Social Worker  Send your application to the AASW

Welfare Worker  Send your application to the AIWCW

## Your general school education

**13** In which years did you start and finish primary and secondary school?

Primary

Start 

month	year
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Finish 

month	year
-------	------

Secondary

Start 

month	year
-------	------

Finish 

month	year
-------	------

**14** Details of your education:

	Number of years	Name of qualification or certificate obtained	Country
Primary			
Secondary			

## Your post secondary or higher education

**15** Give details of ALL post secondary or higher education courses which you have completed.

If you have more than two (2) qualifications attach a separate sheet giving the additional details.

### Qualification 1

Is this qualification to be assessed? Yes  No

What is the name of the qualification that you have obtained?

In English

In your own language

Name of institution

Full address of institution

What was the normal entry requirement for the course?



Normal length of **full-time** course

Years  **OR** Semesters

Normal length of semester or term

Weeks  **OR** Months

What was the length of time which you took to complete the course?

Years  Months  Date course commenced 

day	month	year
/	/	

 Date course completed 

day	month	year
/	/	

If this was different from the normal length, please provide reasons

Was the course full-time or part-time?

Full-time  Part-time  Hours per week  Other  Please describe

Was a thesis or major research paper a requirement of the course?

Yes  No  If YES, what was the topic and approximately how many words?

**Field work placements concurrent with and a required part of the above course of training.** Each placement undertaken concurrently with your course should be described separately below (attach and sign separate sheets if necessary).

**A.** Name of agency

Period of placement 

day	month	year
/	/	

 to 

day	month	year
/	/	

Total number of days  Number of hours per day

Give the names and qualifications of supervisors

Describe the kind of field work you did during this placement

**B.** Name of agency

Period of placement 

day	month	year
/	/	

 to 

day	month	year
/	/	

Total number of days  Number of hours per day

Give the names and qualifications of supervisors

Describe the kind of field work you did during this placement

**Qualification 2**

Is this qualification to be assessed? Yes  No

What is the name of the qualification that you have obtained?

In English  In your own language

Name of institution  Full address of institution

What was the normal entry requirement for the course?

Normal length of full-time course  Years  **OR** Semesters  Normal length of semester or term  Weeks  **OR** Months

What was the length of time which you took to complete the course? Years  Months  Date course commenced 

day	month	year
/	/	

 Date course completed 

day	month	year
/	/	

If this was different from the normal length, please provide reasons

Was the course full-time or part-time? Full-time  Part-time  Hours per week  Other  Please describe

Was a thesis or major research paper a requirement of the course? Yes  No  If YES, what was the topic and approximately how many words?

**Field work placements concurrent with and a required part of the above course of training.** Each placement undertaken concurrently with your course should be described separately below (attach and sign separate sheets if necessary).

**A.** Name of agency

Period of placement 

day	month	year
/	/	

 to 

day	month	year
/	/	

Total number of days  Number of hours per day

Give the names and qualifications of supervisors

Describe the kind of field work you did during this placement

**B.** Name of agency

Period of placement 

day	month	year
/	/	

 to 

day	month	year
/	/	

Total number of days  Number of hours per day

Give the names and qualifications of supervisors

Describe the kind of field work you did during this placement

### Registration licensure (if applicable)

**16** What is the name and country of authority of first registration?

What was the date of first registration? 

day	month	year
/	/	

**17** What is the name and country of authority of the most recent registration?

What is the date of current registration? 

day	month	year
/	/	

**18** Have you ever been refused a licence or registration, or had a licence or registration withdrawn? Yes   If yes, give reason

No

**19** Give the names of any professional bodies of which you are a member

### Detailed work history

**20** Attach and sign separate sheets if necessary

Month/year you commenced position	Month/year you finished position	Name of organisation	Detailed description of duties	Position title



## Payment of fee

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**24** I wish to pay by:

Bank cheque	<input type="checkbox"/>	Money order	<input type="checkbox"/>	Bankcard	<input type="checkbox"/>				
Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
Credit card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/> month / <input type="text"/> year		Payment	<input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Cardholder's name	<input type="text"/>								
Cardholder's signature	<input type="text"/>								

## How to lodge your application

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**25** Keep the explanatory notes for your own information and mail your application form, documents and assessment fee to:

### For social workers

Australian Association of Social Workers  
Overseas Qualifications Assessment

#### **Courier deliveries:**

Suite 18 National Press Club  
16 National Circuit  
BARTON ACT 2600

#### **Postal address:**

PO Box 4956  
KINGSTON ACT 2604  
AUSTRALIA

**Tel:** 61 2 6273 0199

**Fax:** 61 2 6273 5020

**Email:** [aaswosea@aasw.asn.au](mailto:aaswosea@aasw.asn.au)

**Website:** [www.aasw.asn.au](http://www.aasw.asn.au)

### For welfare workers

Australian Institute of Welfare and Community Workers  
Overseas Assessment

#### **Courier deliveries:**

Room 12, Level 2, Ross House  
247 Flinders Lane  
MELBOURNE VIC 3000

#### **Postal address:**

PO Box 42  
Flinders Lane PO  
MELBOURNE VIC 8009

**Tel:** 61 3 9654 8287

**Fax:** 61 3 9654 1081

**Email:** [Info@aiwcw.org.au](mailto:Info@aiwcw.org.au)

**Website:** [www.aiwcw.org.au](http://www.aiwcw.org.au)