

Australian Institute of Welfare and Community Workers



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Website: www.aiwcw.org.au

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Room 3, Level 1
247 Flinders Lane
MELBOURNE Vic 3000
Australia

Application for Assessment of WELFARE WORK Qualifications - Non-Residents -

IMPORTANT: It is necessary to read the information relevant to Application Form 1182/SWNR before completing this form. The information is available at – <http://www.aiwcw.org.au> . Please ensure you provide ALL documents required and that the declaration at Section 23 is personally signed by the applicant.
Please print clearly.

Office use only

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:

<input type="text"/>
<input type="text"/>
<input type="text"/>
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?

[Empty text box for answer to Question 11]

12 English language requirement

If you commenced your academic qualification after 31 July 2008 then you must attach a certified copy of all the appropriate International English Language Testing System (IELTS) results where you have obtained at least a 7.0 in each Band – that is, Listening, Reading, Writing and Speaking.

Note:

- (i) All the tests must have been undertaken within the 12 months immediately before receipt of your application for assessment of your qualifications by the AIWCW
- (ii) None of the test results can be over two years old.

Further information about the English language requirement is on the AIWCW Website.

Sections 13 and 14 – Reserved

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
<input type="text"/>	<input type="text"/>

Name of institution	Full campus address of institution
<input type="text"/>	<input type="text"/>

What was the normal entry requirement for the course?	
<input type="text"/>	<input type="text"/>

Normal length of full-time course		Normal length of semester or term	
Years <input type="text"/>	OR Semesters <input type="text"/>	Weeks <input type="text"/>	OR Months <input type="text"/>

What was the length of time which you took to complete the course?			
Years <input type="text"/>	Months <input type="text"/>	Date course commenced	Date course completed
		day / month / year	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

Also attach report of at least 1000 words detailing what you did at the field placement and how that work relates to the functions of a welfare worker.

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 campus 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 to

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 to

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

Also attach report of at least 1000 words detailing what you did at the field placement and how that work relates to the functions of a welfare worker.

Registration licensure (if applicable)

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

What was the date of first registration?

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

What is the date of current registration?

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

24 I wish to pay by:

Bank cheque Money order Mastercard Visa

Debit card * Cash * * = only for payments at AIWCW office

Credit card number

Expiry date

month	year
/	

Payment amount

\$

Cardholder's name

Cardholder's signature

NOTE: Please print the details clearly and ensure that funds are available

How to lodge your application

25 Keep a copy of your application and explanatory notes for your own information and mail your application form, documents and assessment fee to:

**AUSTRALIAN INSTITUTE OF WELFARE AND COMMUNITY WORKERS
QUALIFICATION ASSESSMENTS**

Courier deliveries:

Room 3 Level 1
Ross House
247 Flinders Lane
MELBOURNE Victoria 3000
Australia

Postal address:

PO Box 42
FLINDERS LANE PO
Melbourne Victoria 8009
Australia

Contacts:

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Website: www.aiwcw.org.au