

# Manitoba Institute of Registered Social Workers

101 - 2033 Portage Avenue, Winnipeg MB R3J 0K6

Telephone: (204) 888-9477 Fax: (204) 831-6359 Email: [masw@mts.net](mailto:masw@mts.net) Website: [www.maswmirsw.ca](http://www.maswmirsw.ca)

Dear Social Work Colleague:

Thank you for your interest in membership with the Manitoba Institute of Registered Social Workers (MIRSW). Following, you will find the MIRSW application package.

Upon receipt of your completed application form and application fee (\$50.00), notice of your application will be published in the *Prairie Insights*. When all completed documentation is received by the office, (please see “Summary of MIRSW Application Procedure”), as well as completed forms from your references, your application will be reviewed at the next meeting of the MIRSW Membership Committee and if accepted, forwarded to the Board of Directors for final approval. At that time, you will receive notice of acceptance with amount of fees then due.

Please return the completed forms, along with your cheque, to the address below. If you should have any questions regarding your application or the registration procedure, please contact me at 888-9477.

Sincerely,

*Diane Cullen,*

MIRSW Administrative Coordinator

## SUMMARY OF MIRSW APPLICATION PROCEDURES

### *Check list of application procedure*

#### **Applicant's responsibilities:**

- [ ] **Application form** returned, fully completed and signed as required and accompanied by application fee of fifty dollars (\$50.00). *The completed Application and Professional Development forms can be sent to the office right away and other documents forwarded as they are received.*
- [ ] **Professional Development Form** completed (*40 hours over the previous 12 months required.*)
- [ ] **Copy of Identification**, i.e., valid Driver's License or birth certificate (*picture ID preferred*)
- [ ] **Official transcript** is received. (*The University will send an original transcript directly to the MIRSW office, and usually a copy to the applicant.*) *Minimum requirement is a BSW.*
- [ ] **Criminal record check** completed (*must be completed within previous 12 months*). You are required to complete a criminal record check (with finger print verification, if necessary). The information from this check will be treated as confidential and will not automatically disqualify an applicant from registration. Information on the criteria used to assess criminal records is included in this application package along with consent forms and instructions. Any fee for this service is the responsibility of the applicant. (*You can request that this document be sent directly to the MIRSW office.*)
- [ ] **Child Abuse Registry record check** is completed (*must be completed within previous 12 months*). You are required to complete a Child Abuse Registry check. The information from this check will be treated as confidential and will not automatically disqualify an applicant from registration. Information on the criteria used to assess Child Registry checks is included in this application package along with consent forms and instructions. Any fee for this service is the responsibility of the applicant. (*This form is sent back to applicant. Please forward to the MIRSW office.*)

#### **MIRSW Office responsibilities:**

Reference forms returned (*These are sent out to references as listed on application form and returned directly to the MIRSW office.*)

Publish perspective member's name in the MIRSW newsletter - *Prairie Insights*. If applicant is currently a member in good standing of another professional Social Work association with comparable admission criteria, and no information is received after publishing the applicant's name, that person is registered as a member of the Institute.

##### **Application Kit contains:**

- Letter to applicant with general information in regard to MIRSW
- Application form
- Criminal record request form (*Available separately on Website - [www.maswmirsw.ca](http://www.maswmirsw.ca) )*
- Child Abuse Registry request form (*Available separately on Website - [www.maswmirsw.ca](http://www.maswmirsw.ca) )*
- Employer form (*copies of Criminal & Child Abuse Registry checks can be provided by employer if they have been completed in the 12 months previous to application.*)
- Professional Development record form
- Transcript request form

##### **Criteria for assessing Criminal Record Check results:**

The Membership Committee will review and make decisions about all applicants with a criminal record. Identifying information about the applicant is deleted before the case is reviewed.

##### **Criteria used for decision-making include:**

Assessment of behaviour for which convicted: circumstances and particulars of the conviction; Efforts at rehabilitation; satisfactory performance since the offense(s); likelihood or recurrence; other matters that the Membership Committee or the Applicant may wish to be considered.

# Manitoba Institute of Registered Social Workers

## APPLICATION FOR MEMBERSHIP AND REGISTRATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Gender F [ ] M [ ]  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ Fax: (H) \_\_\_\_\_  
E-mail: \_\_\_\_\_ **Name as printed on degree:** \_\_\_\_\_

### PROOF OF IDENTITY

Please submit a copy of your driver's license or birth certificate, plus a copy of the following documents as appropriate showing present and former legal name changes, and immigration documents.

• **Note: Unless otherwise advised, all names will be published in the Manitoba Social Worker.**

### EDUCATION INFORMATION

Name & location of Institution	Type of degree	Date awarded
_____	_____	_____
_____	_____	_____

#### **Educational Transcripts:**

A sealed transcript of the highest Social Work degree must be sent directly from the educational institution to the Registrar, MIRSWS. (A transcript request form is included in this membership application kit.)

### EMPLOYMENT INFORMATION

**Present Employer:** \_\_\_\_\_  
Applicant's title: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Employment status: Full-time [ ] Part-time [ ] If part-time, number of hours per week \_\_\_\_\_

### REFERENCE #1 -- Immediate Supervisor

Name: \_\_\_\_\_ Academic Credentials \_\_\_\_\_  
Agency: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### REFERENCE #2 -- Registered Social Worker (familiar with the applicant's social work practice)

Name: \_\_\_\_\_ Academic Credentials \_\_\_\_\_  
Agency: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TEN-YEAR HISTORY OF EMPLOYMENT:** *(beginning with the most recent)*

<i>Name &amp; location of employer</i>	<i>From/to</i>	<i>In what capacity?</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are any gaps of over six (6) months in your professional history, please explain. (Add separate sheet if necessary) \_\_\_\_\_

**Do you carry on a private practice?** Yes [ ] No [ ]

If yes, name company and policy number of liability insurer (as per CASW Code of Ethics requirement)

\_\_\_\_\_

**PROFESSIONAL ASSOCIATIONS:**

Manitoba Association of Social Workers: Yes [ ] No [ ]

Have you previously been a member of the MIRSWS? No [ ] Yes [ ] Year (from/to) \_\_\_\_\_

Please list all other professional licensing or registering bodies and/or professional associations of which you have been/are a member.

<i>Name &amp; Address of association</i>	<i>Involvement with association</i>
_____	_____
_____	_____

**MEMBER INTERESTS:**

MIRSWS depends on members involvement to complete many professional and regulatory tasks. If there are specific issues or volunteer activities you are interested in, please identify them here:

\_\_\_\_\_

**PRACTICE INFORMATION:**

1. Are you now or have you ever been registered, licensed, chartered or certified in any other health profession?

Yes  No If yes, which profession? \_\_\_\_\_

Are you still a practicing member in that profession?  Yes  No

2. **EMPLOYER TYPE** (Check ONE only from A-L)

**PRIMARY AREA OF RESPONSIBILITY** (Check all that apply)

A ___ Hospital	<b>Direct Client Practice</b>	
B ___ Educational Institution	1 ___ Victim Services	14 ___ Private Clinical Practitioner
C ___ Non-Profit Community Agency	2 ___ Youth Corrections/Services	15 ___ Medical Services
D ___ Community Health Organization	3 ___ Adult Corrections	16 ___ School Social Work
E ___ Self-employed	4 ___ Child Protection Services	17 ___ Housing Services
F ___ Government	5 ___ Physical/Devel. Disability	18 ___ Mediation
G ___ Nursing Home/Long Term Care Facility	6 ___ Adoptions	19 ___ Employee Assistance
H ___ Rehabilitation/Convalescent Centre	7 ___ Alternate Caregiver Services	<b>Management/Administrative Practice</b>
I ___ Private Employer	8 ___ Services to seniors	20 ___ Clinical Supervision
J ___ School Social Work	9 ___ Addictions	21 ___ Program/Service Manager
K ___ Child & Family Services	10 ___ Career Development	22 ___ Social Planning/Policy development
L ___ Other _____	11 ___ Community Outreach	23 ___ Social Work Educator/Research
<i>Please specify</i>	12 ___ Community Health	24 ___ Community Development
	13 ___ Psychiatric/Mental Health	25 ___ Executive Management

3. Are you a new graduate from a Social Work education program who has never been registered as a Social Worker?

Yes  No

4. Are you now or have you ever been registered, licensed or certified as a Social Worker in another jurisdiction?

Yes  No If yes, where? \_\_\_\_\_

**PROFESSIONAL DECLARATION:** *(complete in full)*

If you answer "YES" to any of the following, please attach a separate sheet with an explanation. A positive response to any of these questions will not automatically disqualify an applicant from registration.

- Yes     No    (a) Have you applied for and been denied a license, certificate or registration in any behavioural health profession?
- Yes     No    (b) Have you had any disciplinary action taken against you by the authority issuing the license, certificate or registration in any behavioural health profession?
- Yes     No    (c) Have you surrendered or cancelled your license, certificate or registration in lieu of disciplinary proceedings by the issuing authority of any behavioural health profession?
- Yes     No    (d) Have you had any disciplinary action taken against you by the authority occupational or professional license, certificate or registration in Manitoba or any other jurisdiction?
- Yes     No    (e) Have you surrendered or cancelled a license, certificate or registration in lieu of disciplinary proceedings by the issuing authority of any occupation or profession in Manitoba or any other jurisdiction?
- Yes     No    (f) Have you been disciplined by a social work or other professional association?
- Yes     No    (g) Have you been convicted or pled guilty to a criminal offense, other than a minor traffic violation?
- Yes     No    (h) Have you been named as a defendant in a malpractice suit, entered into a settlement agreement or paid court awarded damages, or is there such a suit pending?
- Yes     No    (i) Have you suffered from, or been treated for an emotional, mental or addiction problem that impaired your professional practice?
- Yes     No    (j) Have you been involuntarily terminated from any behavioural health or related employment for unprofessional conduct?

Any person who obtains or attempts to obtain a certificate under the "Act to Incorporate the Manitoba Institute of Registered Social Workers" by making a false or fraudulent misrepresentation or declaration, either orally or in writing, and any such person who knowingly assists in the making of such misrepresentation or declaration is guilty of an offense. If I am accepted as a member of the Institute, I agree to comply with the CASW Code of Ethics and Standards of the Institute. In addition, I agree to be an active participant in the work of the Institute, as required from time to time. Further, I hereby agree to pay any and all such fees as from time to time may be assessed by the Institute at the time such fees become due and payable.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

### CONSENT TO PURSUE APPLICATION FOR MEMBERSHIP

Permission is given to the Registrar (or designate) of the Manitoba Institute of Registered Social Workers to release and/or request information regarding my application for membership. This consent is given in the strictest confidence and is to be used only in the process of application for membership. I also give my consent to all parties contacted in regard to this application to be free to give whatever information they wish in regard to my competence and character.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

NOTE: Please enclose a **\$50.00 application fee**, which is non-refundable, and send along with completed application form to:

**Manitoba Institute of Registered Social Workers, 101 – 2033 Portage Avenue, Winnipeg MB R3J 0K6**

Information: Phone: **(204) 888-9477** Fax: **(204) 831-6359** Email: [masw@mts.net](mailto:masw@mts.net)

Website: [www.maswmirsw.ca](http://www.maswmirsw.ca)

*The personal information on this form will be collected and shared for the purposes outlined in Section 36-47 of the Freedom of Information and Protection of Privacy (FIPP) Act, and for other legal requirements, where they are consistent with the FIPP Act.*

**MIRSW member lists are used only for MIRSW information purposes only and are not distributed or shared.**

**Manitoba Institute of Registered Social Workers**

101 - 2033 Portage Avenue, Winnipeg MB R3J 0K6

Telephone: (204) 888-9477 Fax: (204) 831-6359 Email: masw@mts.net

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**Verification of Educational Qualification**

***To the Applicant:***

**Please complete and send to the university that awarded your degree.**

**NOTE:** The University of Manitoba requires that a cheque or money order in the amount of **\$10.50** accompany this request. For more information, contact the **Registrar’s Office, 400 University Centre, Winnipeg MB R3T 2N2, phone: 474-9892.**

***To the Registrar of the University:***

**Please send a sealed official transcript of my \_\_\_\_\_ Degree awarded in \_\_\_\_\_, \_\_\_\_\_ directly to:**  
(month) (year)

The Registrar,  
Manitoba Institute of Registered Social Workers  
101 - 2033 Portage Avenue  
Winnipeg MB R3J 0K6

**NAME:** \_\_\_\_\_  
*[Note: Be sure to indicate your name at graduation.]*

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROV.** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**Student #** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** \_\_\_\_\_  
*Month/Day/Year*

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

**Manitoba Institute of Registered Social Workers**  
**Statement of Professional Development Activities**  
**for MIRSWS Applicants**

Forty (40) hours required during the 12 months previous to application date.  
 (See "PD Policies" for recording requirements/definitions.)

**CATEGORY A:** Participation in University courses, Conferences, Workshops, Seminars, Certificate Programs, social work related teleconferences. **\*All 40 HOURS may be collected in Category A. (Minimum 10 hours required)**

| <i>Title and sponsor</i> | <i>Presenter</i> | <i>Date</i> | <i># of hours</i> |
|--------------------------|------------------|-------------|-------------------|
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
|                          |                  |             |                   |
| <b>Total Hours (A) -</b> |                  |             |                   |

*...continued next page*

**CATEGORY B:** Teaching & preparation, Research, writing, preparation of articles or presentations at workshops/conferences, etc., Mentoring, Committee work & board meetings, Training in workplace, Volunteering in social work related activities, Educating others about the social work profession, Supervising social work students.

**\*A maximum of 20 HOURS may be collected in Category B.**

| Activity | Organization | Dates | # of hours |
|----------|--------------|-------|------------|
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |
|          |              |       |            |

Hours (B)

**CATEGORY C:** Self-directed learning (books/journals/videos/internet research).

**\*A maximum of 10 HOURS may be collected in Category C.**

| Activity | Dates | # of hours |
|----------|-------|------------|
|          |       |            |
|          |       |            |
|          |       |            |
|          |       |            |
|          |       |            |
|          |       |            |

Hours (C)

**TOTAL of Categories A, B and Combined:**

**MINIMUM 40 total hours REQUIRED**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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# MANITOBA INSTITUTE OF REGISTERED SOCIAL WORKERS

## PROFESSIONAL DEVELOPMENT / FEE PAYMENT POLICIES

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### PROFESSIONAL DEVELOPMENT POLICY *(Definitions/Recording Requirements for PD Activities on following page)*

#### INTENT

- To establish the standard for completion of professional development for registered members of MIRSW.
- To outline requirements for the reporting by members of continuing professional development activities, and the evaluation of these reports by the Registrar/Membership Committee

#### POLICY

- The national standard of 40 hours of continuing professional development per year shall apply to the registered members of MIRSW. Members renewing registration shall complete an **Annual Statement of Professional Development Activities** which shall be completed according to instructions determined by the Registrar and be signed by the member.
  - The Registrar shall exercise discretion in the evaluation of the information reported by members in the Annual Statement of Professional Development Activities. Professional development activities requiring further review will be forwarded to the Membership Committee.
  - Members employed on a **full-time or part-time** basis shall report a **minimum of 40 hours** for the previous membership year.
  - **Non-practicing and unemployed members** shall report a **minimum of 20 hours** for the previous membership year which can be accumulated solely through volunteer work and self-directed study.
  - **Members on parental or sick leave** shall report a **minimum of 20 hours** for the previous membership year which can be accumulated solely through volunteer work and self-directed study.
  - Reporting shall include the hours of actual engagement in a continuing education activity, and shall not include travel or meal times.
  - Reporting may include formal and informal activities outlined within the appendix.
  - In exceptional circumstances, if a member has more than 40 hours in one year, a maximum of 20 hours may be carried over to the next reporting year only. These hours are not to be used to create a cumulative total from year to year.
- 

### FEE PAYMENT POLICY

#### INTENT

- To outline annual fee payment requirements for social workers to maintain their membership/registration in good standing.

#### POLICY

- Fees **MUST** be received no later than January 1<sup>st</sup> of the registration year. Any registrations not received by this date will be subject to a **\$25.00** late penalty.
- Fees may be paid by: **(a)** Cheque for the full amount; **(b)** Two cheques, one dated January 1<sup>st</sup> and the second dated February 1<sup>st</sup> totaling the full amount of fees due; **(c)** VISA, Mastercard or American Express payment for the full amount of fees; **(d)** Pre-Authorized payment plan. Completed form and VOID cheque must be submitted to the office **no later than Dec. 15 of the previous year for this option.**
- If fees are not received by FEBRUARY 1<sup>st</sup> of the registration year, MASW and/or MIRSW membership will be cancelled and the social worker will be required to re-apply for membership/registration. All costs associated with re-application are the applicant's responsibility.

*Professional Development Policy approved by MIRSW Board: October 2007*

*Fee Payment Policy approved by MIRSW Board: October 2008*

## **Manitoba Institute of Registered Social Workers**

### **Definitions/Recording Requirements for Professional Development Activities**

Members of MIRSW are required to record and submit professional development activities yearly with their membership renewals following the recording requirements set out below. The purpose of the **Annual Statement of Professional Development Activities** form is for members to document education activities in such a way that they are **clearly expressed** and can be evaluated by the Registrar and Membership Committee of MIRSW. Your dated signature on the Activities form is confirmation that the described activities have been undertaken.

Registration approval/renewal cannot be granted until the requirements for professional development have been supplied/met. If the professional development inventory does not meet the requirements, the renewal and professional development forms will be returned to the member with a check-list letter indicated what area(s) need further clarification. The corrected Annual Statement of Professional Development Activities form along with the registration renewal forms will need to be returned to MIRSW by February 1st. If forms are received in the MIRSW office after February 1st, members will have to reinstate and pay the **\$25.00** late charge.

### **FORMAL ACTIVITIES: Descriptions and maximum hours/category**

#### **CATEGORY A – All 40 hours may be collected in Category A**

- **University courses:** Registration and completion of sessions designed to increase knowledge or skill in an area directly related to social work practice. **Recording requirements:** Full course name and/or course description.
- **Conferences:** Events of one to five days where a common theme is explored with different presenters discussing a variety of topics of relevance to social work practice. Generally the goal of a conference is to increase a professional's knowledge of a thematic area. **Recording requirements:** Title of the conference, presenters' names and credentials, sponsor of the conference, dates of the conference.
- **Workshops:** Similar to conferences in duration and format and revolving around a topic. Workshops often focus on increasing skills in a particular area of social work practice. **Recording requirements:** Title of the workshop, presenters' names and credentials, sponsor of the workshop, dates of the workshop.
- **Seminars:** Seminars are group activities designed to meet learning goals. They are less didactic in nature than the preceding two activities and generally more informal. **Recording requirements:** Title of the seminar, presenters' names and credentials, sponsor of the seminar, dates of the seminar.
- **Certificate Programs:** A planned sequence of courses and/or workshops leading to a certificate which indicates completion or competence. **Recording requirements:** Course name and description; sponsor of course; dates.

#### **CATEGORY B – A maximum of 20 hours may be collected in Category B**

- **Teaching and preparation:** Preparing for and teaching/facilitating in university courses, conferences, workshops, seminars, certificate programs. **Recording requirements:** Course name and description; dates.
- **Research, writing, preparation of articles or presentations:** Refers to activities when the member increases his or her knowledge through a focused effort to develop a final product. **Recording requirements:** Title and description of research, writing projects and/or presentations.
- **Mentoring:** A consultant/consultee learning form with the use of a learning contract. Social workers may want to engage in such a format to gain specialized knowledge and skills. **Recording requirements:** Description of mentoring purpose.
- **Committee work and board meetings:** Participation in community committees associated with social work, i.e., MIRSW, anti-poverty organizations, etc., or on boards of social service agencies. **Recording requirements:** Name of board/committee, time spent.
- **Training in workplace:** In-service programs or in-service training provided by one's own employer. Training may be related to increasing effectiveness in carrying out tasks or training to learn new skills and acquire knowledge about providing service to clients.
- **Educating others about the Social Work profession:** Participating in organized informational sessions regarding their work or about the social work profession in general. **Recording requirements:** Description of nature of education provided; dates.
- **Volunteering in a Social Work capacity:** Volunteer work that is social work related. **Recording requirements:** Description of nature volunteering; where volunteered; dates.
- **Supervising social work students:** Time spent in direct one-to-one supervision of students from a BSW or MSW program. **Recording requirements:** Name of student supervised; dates; time spent.

#### **CATEGORY C – A maximum of 10 hours may be collected in Category C**

- **Self-directed learning:** Activities such as reading journals and books, the use of formalized instructional packages (reading, audio, video, etc.) and internet. **Recording requirements:** The title and author of each journal article or book read, the name of the video(s) viewed, the name or websites searched.

**Child Abuse Registry Check/Criminal Record Check**

**\*EMPLOYER FORM**

Dear Applicant:

In order to facilitate the application process to the Manitoba Institute of Registered Social Workers, and avoid unnecessary work and expense, if your agency has completed a Child Abuse Registry check and/or a Criminal Record check **within the past 12 months**, please give your consent to your employer to release that information to the Institute by completing PART 1, and present this document to your immediate supervisor.

**PART I CONSENT TO DISCLOSE INFORMATION (to be completed by applicant)**

I give my consent to the appropriate authority at my place of employment to release the above documents to MIRSW.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PART II (To be completed by Employer)**

The above named employee has applied to become a Registered Social Worker in Manitoba. Your assistance in facilitating this application would be appreciated. Please complete this section and forward this document and copies of the documents requested DIRECTLY to:

**The Manitoba Institute of Registered Social Workers  
101 - 2033 Portage Avenue, Winnipeg MB R3J 0K6**

Thank you for your assistance in this regard.

**A CHILD ABUSE REGISTRY CHECK WAS COMPLETED WITHIN THE LAST 12 MONTHS:**

[ ] Yes      [ ] No      If yes, please enclosed a copy of the document.

**A CRIMINAL RECORD CHECK WAS COMPLETED WITHIN THE LAST 12 MONTHS:**

[ ] Yes      [ ] No      If yes, please enclosed a copy of the document.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone number)

6/3/08



# MEMBERSHIP FEE INFORMATION

## Manitoba Institute of Registered Social Workers (MIRSW)

MIRSW annual fees are paid after board approval of applicants on a quarterly pro-rated basis.

A \$50.00 application fee for MIRSW is required at the time of application.

### CATEGORY

|                                            |        |
|--------------------------------------------|--------|
| Employed, full-time or part-time           | 275.00 |
| Unemployed, or returned to full-time study | 110.00 |

**NOTE:** Fees are the same (\$275.0) for both employed full-time or part-time, as registration and accountability apply equally no matter how many or how few hours per week a Social Worker practices.

June 2010