

**Application for Registration as a Registered Social Worker
CHARACTER REFERENCE FORM**

Applicant, please complete this section: *(Please print clearly)*

Referee's Name	
Referee's Address	
Applicant's Name	

Referee, please complete the remainder of the form: *(Please print clearly)*

The above-named applicant has made an application to become a Registered Social Worker under the *Health Professions Act (1999)*. The *Act* requires that the candidate for registration must provide evidence of having good character and reputation.

Registration in social work is a commitment to skilled and ethical practice in service to others. Registered Social Workers are accountable for their practice to the public and to the profession. Please answer the following questions:

How long have you known the applicant?	
What is your relationship to the applicant?	
In what capacity have you observed the applicant's professional/social and personal interactions or service with others?	Please describe:
In your opinion, does the applicant possess the personal and professional integrity to practice social work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
To your knowledge, has there ever been any concern regarding this applicant's ethical conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details.
Do you have any reason to believe that this applicant should not be granted registration as a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details.
Do you believe that on an overall basis, including ethics, conduct, character, and competence, this applicant is or would be a credit to the profession? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide details.

Please provide any additional comments

**Please add additional pages if necessary.*

*Signature

*Date

RSW Number or professional designation (if applicable) _____

Contact Telephone Number: (____) _____ - _____ Email _____

Individual/Agency/Organization Address (as applicable): _____

A registrations team member or the Registrar **may** contact you for more information or for clarification.

Please submit your reference to:

By Mail:
Registration
Alberta College of Social Workers
Suite 100, 13220 St. Albert Trail
Edmonton, Alberta T5L 4W1

By Email: registration@acsw.ab.ca

By Fax: 780-421-1168

Upload: Return to Applicant for upload

Please note: Under freedom of information requirements, your comments may be shared with the applicant.

If you have any questions about the registration process, please contact the ACSW office at (780)421-1167 or toll-free in Alberta at 1-800-661-3089. Thank you for your assistance in providing a character reference