

NOVA SCOTIA ASSOCIATION OF

Social Workers

BOARD OF EXAMINERS

1891 Brunswick St., Suite 106, Halifax, NS B3J 2G8

Tel: (902) 429-7298 Fax: 429-0888

REFERENCE

_____ has applied to the Nova Scotia Association of Social Workers for registration to practice social work in Nova Scotia. Thank you for your prompt completion and return of this form.

Name Professional designation Current position/job title

Place of employment

Telephone number E-Mail Address

1. How long have you know the applicant? _____

2. Your relationship with the applicant: workplace supervisor ____ co-worker ____ placement supervisor ____
professor/instructor ____ other ____ (please specify) _____

3. Were the applicant's responsibilities discharged in a competent manner? Yes ____ No ____

Please provide details: _____

4. What professional attributes does this applicant have? _____

5. What, if any, reservations do you have in recommending this applicant? _____

Additional Comments: _____

STATEMENT OF GOOD CHARACTER

I (print) _____, believe that (applicant) _____

is a person of good character. I have no knowledge of any reason why this applicant would be unsuitable for registration as a social worker with the Nova Scotia Association of Social Workers.

Signature: _____ Date: _____