

NOVA SCOTIA ASSOCIATION OF
SOCIAL WORKERS

1891 Brunswick St., Suite 106, Halifax, NS B3J 2G8
Tel: (902) 429-7799 - Fax: (902) 429-7650
www.nsasw.org

2008 RENEWAL INFORMATION

For Office Use	Date Paid
Mem. Fee	
P. P.	
Late Fee	
Interest	
TOTAL	

After Feb. 28-08

After Mar. 31-08

This form must be Submitted by February 28, 2008

SURNAME: _____ GIVEN NAME _____ MIDDLE _____

CURRENT HOME ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ DATE OF BIRTH: ____ / ____ / ____
FEMALE ___ MALE ___ D M Y

FAX NUMBER: _____ HOME E-MAIL ADDRESS: _____

CURRENT EMPLOYER: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____

FAX NUMBER: _____ POSITION TITLE: _____

WORK E-MAIL ADDRESS: _____

WOULD YOU PREFER MAIL SENT TO: Home Mail _____ Office Mail _____

ARE YOU APPLYING TO CHANGE YOUR REGISTRATION STATUS AT THIS TIME? Yes _____ No _____

IF YES, EXPLAIN : _____

NOTE: If you will be practicing Social Work anytime from January 1 - December 31, 2008, you **must** be registered and pay the prescribed fee.

By-law changes at a Special Meeting of the membership on November 6, 2006, eliminated non-practising status. Inactive status is available to Registered Social Workers & Social Worker Candidates who are unemployed or on maternity or parental leave or on long term disability.

ARE YOU ABLE TO PROVIDE SOCIAL WORK SERVICES IN A LANGUAGE OTHER THEN ENGLISH? YES _____ NO _____
If yes, which language? _____ Do we have your permission to share this information with organizations or individuals seeking Social Work services in this language? YES _____ NO _____

PAYMENT OF MEMBERSHIP FEES Amount \$ _____

Method of Payment

Cash _____ Cheque _____ Money Order _____ Visa _____ Master Card _____ American Express _____

Card Number _____ Expiry Date (mo/yr) _____

Should you require **Financial Assistance** with paying your fees, please contact the Executive Assistant, Marilyn Marcon at 429-7799 by March 31, 2008. The Financial Assistance Program operates like an interest free loan. NSASW pays the successful applicant's complete registration fee by the deadline, allowing the member to practice social work. The member repays the Association with a series of post dated cheques or authorized credit card payments set up according to a re-payment schedule.

FIELD OF SOCIAL WORK PRACTICE:

MAJOR PRACTICE)

GROUP A - (Select one only)

_____ Direct Counselling/Therapy

_____ Social Policy Development

_____ Management/Administration/Supervision

_____ Community Development

GROUP B - (Check all that apply)

_____ Addictions

_____ Long -Term Care Services

_____ Adult Protection

_____ Mediation

_____ Child Welfare/Child Protection

_____ Medical Social Work

_____ Community Practice (Advocacy,
Support Services, Referral)

_____ Mental Health Social Work

_____ Consultation (Any Field)

_____ School Social Work

_____ Corrections/Parole/Justice

_____ Employment and Income Assistance

_____ Employee Assistance

_____ Social Work Education/Research

_____ Individual/Couple/Family/Group therapy

_____ Transition House Services

_____ Home Care

_____ Veterans Affairs

_____ Hospital Social Work

_____ Other(Name)_____

PROFESSIONAL DEVELOPMENT: *You were required to complete 40 hours of professional development between January 1st - December 31st, 2007 according to the NSASW Standards of Practice.*

Please ensure that the enclosed Professional Development Report Form is returned with your renewal form. **Your renewal will not be processed without this form.**

VOLUNTEER FOR NSASW: (Check if you would like to be contacted)

_____ Appointment to Board of Examiners (positions become available periodically when the term of a current members expires)

_____ Work on Committee or working group (please specify) _____

_____ Serve on an Editorial Committee for Connection

_____ Be a Resource Person to NSASW (eg. Technical support, expertise in a particular subject area.) _____

_____ Other _____

Standing Committees, Ad Hoc Committees, and Working Groups include:

Social Justice/Social Action; Program; Professional Development; Public Relations; Membership; Standards and Ethics; Nomination; Private Practice; Health Interest Group; Child Welfare Interest Group; Legislation; Candidacy; SW Practice.

ELECTRONIC COMMUNICATION:

NSASW has a listserv which enables the Association office or any person registered on the listserv to send and receive messages to/from all on the list. It provides a quick and easy way to disseminate information or to exchange ideas. Do you want to subscribe to the listserv?

Yes _____ No _____ Already on Listserv _____

E-mail Address: _____

You can give my contact information to my Regional Representative to be used to let me know about regional events. Yes ___ No ___

Name: _____

Date: _____

The information on this form is collected because, for regulatory purposes, NSASW needs to know contact and employment information for Registered Social Workers, Registered Social Worker Candidates, and provisional Registered Social Workers. The information is also used to communicate with, and provide benefits to members. Names and addresses are provided to the CASW so that national information can be sent directly to NSASW Members.