

Name of Applicant:

## Saskatchewan Association of Social Workers

2110 Lorne Street, Regina, SK S4P 2M5 Phone: (306) 545-1922 www.sasw.ca

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## **CHARACTER REFERENCE FORM**

- To be completed by a registered social worker or current social work employer/supervisor
- For new social work graduates, the character reference is to be completed by a field practicum supervisor or practicum coordinator from the university that awarded your degree.

<i>Saska</i> individi commi	tchewa ual provion tment to and to th	ned individual has made an application to become a Registered Social Worker with the <b>in Association of Social Workers</b> . As part of the application process, it is required that the de evidence of having good character and reputation. Registration in social work is a skilled and ethical practice. Registered Social Workers are accountable for their practice to the profession. It is requested that you please complete the following questions as fully as	
1.	How lo	ng have you known the applicant?	
2.	What is	s your relationship to the applicant?	
3.	Have you directly observed the applicant engaged in social work practice? $\circ$ <b>Yes</b> $\circ$ <b>No</b> If yes, please describe.		
4.	a.	Describe the applicant's level of personal and professional integrity and whether it will	

support practice in an ethical way.

	b.	What has been your observation on how the applicant manages client-social worker relationships?	
	C.	Describe the level of competence with which the applicant approaches social work responsibilities.	
5.		have any reason to believe that this applicant should <b>not</b> be granted registration as a red social worker in Saskatchewan? • <b>Yes</b> • <b>No</b>	
6.	Do you believe that on an overall basis, including ethics, conduct, character, and competence, thi applicant is or would be a credit to the social work profession?  • Yes • No		
7.	Please	provide any additional comments:	
		istrar <b>may</b> contact you for more information or for clarification.	
	of Refere		
Current	: Employ		
Address	5:		
City:	Province:		
Contact	Telepho	one Number:	
	please p	ember of a Provincial Social Work Association • <b>Yes</b> • <b>No</b> provide: Fation Number: Jurisdiction:	
Signatu	ire of Re	eferee: Date:	

Please return this reference letter to the applicant as it is to be submitted with the application for membership to SASW.