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.

Name of Applicant: _______________________________________________________

The above named individual has made an application to become a Registered Social Worker with the Saskatchewan Association of Social Workers. As part of the application process, it is required that the individual provide evidence of having good character and reputation. Registration in social work is a commitment to skilled and ethical practice. Registered Social Workers are accountable for their practice to the public and to the profession. It is requested that you please complete the following questions as fully as possible.

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Have you directly observed the applicant engaged in social work practice? ○ Yes ○ No
   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. Do you have any reason to believe that this applicant should not be granted registration as a registered social worker in Saskatchewan?  ○ Yes  ○ No

6. Do you believe that on an overall basis, including ethics, conduct, character, and competence, this applicant is or would be a credit to the social work profession?  ○ Yes  ○ No

7. Please provide any additional comments:

The SASW Registrar may contact you for more information or for clarification.

**Referee Information**

Name of Referee: ________________________________________________
(Last Name)    (Given Name)

Current Employer: ________________________________________________

Address: ______________________________________________________________________________

City: ___________________________________________ Province: _________________________

Contact Telephone Number: ________________________________________________

Are you a Member of a Provincial Social Work Association  ○ Yes  ○ No
If yes, please provide:
  Registration Number: ________________  Jurisdiction: _____________________________

Signature of Referee: _________________________________________  Date: ________________

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