ALBERTA COLLEGE OF SOCIAL WORKERS

**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 (*HPA*)*. 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? ☐ Yes ☐ No | Comments: |
| To your knowledge, has there ever been any concern regarding this applicant's ethical conduct? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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):

_____

The Registration department or the Registrar **may** contact you for more information or for clarification.

Please return to application to submit through the registrant portal.

**Please note:** Under the *Personal Information Protection Act* (PIPA), individuals have a right to access personal information collected by ACSW.

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.