

# National Social Work Qualifications Board

## Application Form

### Accreditation of Non-National Social Work Qualifications

NSWQB  
8 Lower Baggot Street  
Dublin 2 Ireland

tel: +353-1-6766281 fax: +353-1-6766289  
e-mail: [qualificationrecognition@nswqb.ie](mailto:qualificationrecognition@nswqb.ie)  
web: [www.nswqb.ie](http://www.nswqb.ie)

Closing dates for completed application forms for 2010 are:  
**5<sup>th</sup> of August and 9<sup>th</sup> of September**

Dates are subject to change, so please ensure you refer to the website on a regular basis.

**Please note: Passports and originals are returned by registered post the day of arrival/or the following day where possible.**

**Please include originals and duplicate copies of all original documents with your application form.  
Please ensure you send originals by registered post only in a secure envelope.**

## Criteria for accreditation of Non-National qualifications

Recognition of Non-National qualifications is based on each of the four criteria, as follows:

### 1. Length of training

Requirements:

- Under-graduate qualification (e.g. Bachelor of Social Work): 4 academic years professional training (full-time or part-time equivalent) leading to a recognised qualification in Social Work. The qualification will be compared with the 4 year Bachelor degree of social work in Ireland.

[under-graduate qualifications of 3 years duration may be considered in certain circumstances]  
or

- Post-graduate qualification (e.g. Master of Social Work): 2 academic years professional training (full-time or part-time equivalent) following on either
  - a) a Social Science undergraduate degree
  - b) an undergraduate degree containing at least two core Social Science subjects
  - c) an undergraduate degree without Social Science supplemented by third level course/s containing at least two core Social Science subjects
  - d) a non-graduate third level relevant qualification

[post-graduate qualifications of 1 year duration may be considered in certain circumstances.]

### 2. Level of training

Requirement:

Professional training should take place at a third level institution.

### 3. Curriculum content

#### Academic content

Essential core subjects (as outlined in the NSWQB Handbook of Accreditation Standards and Procedures for courses leading to NQSW Award):

Social Work theory, methods and skills  
Social Policy  
Sociology  
Psychology  
Social Research  
Law  
Economics  
Political Science  
[Cognate subjects may be considered, e.g. Social History, Social Anthropology]

#### Practice content

Successful completion of practice placements amounting to *at least 1000 hours*. Practice must be part of the requirements of the professional training, assessed and supervised by a professionally qualified social worker.

### 4. Professional recognition in country of qualification

Requirement:

A statement from the Authority in your country of education that your qualification is recognised for employment as a professional social worker.

# Application Form

## Accreditation of Non-National social work qualifications

*Please read the criteria for accreditation carefully.*

*Only when all documentation and the fee have been received will the process of assessment of your credentials will begin. NSWQB reserves the right to request additional information if required for assessment. We will contact you via email during the assessment process if this is necessary. Please note that the NSWQB deals only with original documentation and all documents not in English must be translated by a qualified translator and certified copies attached to the document to which they refer.*

### 1. Personal details

Name and address

First name/s \_\_\_\_\_

Surname \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

Preferred title

- Mr  
 Ms  
 Miss  
 Mrs  
 Other \_\_\_\_\_

Date of Birth (day/month/year) \_\_\_\_\_ Country of birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Telephone Number (daytime) \_\_\_\_\_

Fax Number (if applicable) \_\_\_\_\_

E-mail Address (if applicable) \_\_\_\_\_

*Please note correspondence from NSWQB will be via email.*

### **Please attach:**

#### **Administration fee: €200.00**

Electronic transfer: Please ensure your bank includes your name as a reference when sending electronic transfer so that we can track your fee payment.

Alternatively, fee payable by cheque/postal order/bank draft in € to the National Social Work Qualifications Board

**Cheques sent in a currency other than Euro will be returned. Cash is not acceptable**

#### • **Proof of identity**

**Original passport**

**Or**

**Original long-form birth certificate** (Ireland or Northern Ireland certificate only)

NB. Short-form birth certificate is **not** accepted as proof of identity.

## 2. Professional social work qualification

*This refers to a qualification recognised for employment as a professionally qualified social worker in the country where it was awarded. Social work award systems vary from country to country. Many countries award academic qualifications which at the same time have professional recognition. Some countries operate a joint award system with two separate qualifications. Please complete the following section as appropriate.*

### **2a. Qualification overview**

Country of qualification \_\_\_\_\_

Title of professional social work qualification (in original language)

\_\_\_\_\_

Title of professional social work qualification (in English language)

\_\_\_\_\_

Title of academic qualification, if different from professional qualification

\_\_\_\_\_

### **Course details**

Name of Educational Institution: \_\_\_\_\_

Level of Educational Institution:

University/College

Other third level institution, please specify \_\_\_\_\_

Web address and email address: \_\_\_\_\_

\_\_\_\_\_

Length of course: Date started \_\_\_\_\_ Date completed \_\_\_\_\_

Study mode:  Full-time  Part-time  Other

Study route:  Academic  Employment-based

Length of programme of study (according to course Handbook) Time exempted (if applicable)

\_\_\_\_\_

Date qualification was awarded: \_\_\_\_\_ Date qualification was conferred: \_\_\_\_\_

Number of credits received: \_\_\_\_\_

[Please state which credit system is being used e.g. ECTS European Credit Transfer System] \_\_\_\_\_

Level of studies:  Non-graduate  
 Undergraduate  
 Postgraduate\*

*\* Holders of postgraduate qualifications must forward details of undergraduate qualification. See section "Other qualification/s".*

### **Awarding body**

NSWQB Application form 30/03/2010

*Please provide details of your educational institution and any other body that has awarded, accredited or otherwise validated your qualification.*

Social Work authority, name and address

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Educational institution, e.g. university, name and address

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Professional association, name and address

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## **Areas of work**

Please specify in detail what areas of social work your qualification entitles you to undertake.

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Please specify in detail what areas of social work, if any, your qualification does **NOT** entitle you to undertake.

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## **Please attach:**

- **Certificate of professional social work qualification award**  
- original
- **Certificate of academic award (if different from professional award)**  
- original
- **Transcripts of social work qualification**  
(Transcripts = a formal official declaration by the college of subjects studied by you that led to this qualification)  
- originals
- **Evidence of recognition in your country of qualification**  
(e.g. professional award, registration certificate, membership of professional organisation)  
- original

## 2b. Practice curriculum

Please provide details of the practice curriculum which was a requirement for your professional qualification. Please note that your educational institution must verify your statements as below.

### Total placement outline

Total number of placements included in training \_\_\_\_\_

Total number of **hours** spent in placements \_\_\_\_\_

#### Placement details 1 (N.B. Please add a separate sheet for each extra placement)

Name of Agency \_\_\_\_\_

#### Type of service

Public service

Private service

Area of work (childcare, probation, mental health etc.)  Voluntary service

Other \_\_\_\_\_

Brief description of the main duties, core skills and knowledge acquired in this placement

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(Attach a separate sheet if required)

Date started (day/month/year) \_\_\_\_\_ Date ended (day/month/year) \_\_\_\_\_

Hours per week \_\_\_\_\_ Total no. of hours spent in placement \_\_\_\_\_

Was the placement assessed?  Yes Please state outcome of assessment  
 No

Pass

Fail

Other \_\_\_\_\_

Was the placement supervised by a professionally qualified social worker?

Yes

No Please specify how it was otherwise supervised \_\_\_\_\_

**Placement details 2** (N.B. Please add a separate sheet for each extra placement)

Name of Agency \_\_\_\_\_

**Type of service**

Public service

Private service

Area of work (childcare, probation, mental health etc.)  Voluntary service

Other \_\_\_\_\_

Brief description of the main duties, core skills and knowledge acquired in this placement

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(Attach a separate sheet if required)

Date started (day/month/year) \_\_\_\_\_ Date ended (day/month/year) \_\_\_\_\_

Hours per week \_\_\_\_\_ Total no. of hours spent in placement \_\_\_\_\_

Was the placement assessed?  Yes Please state outcome of assessment

No

Pass

Fail

Other \_\_\_\_\_

Was the placement supervised by a professionally qualified social worker?

Yes

No Please specify how it was otherwise supervised \_\_\_\_\_

**Certification from your educational institution**

I hereby certify that the particulars that \_\_\_\_\_ has supplied about his/her academic and practice curriculum are true and accurate, to the best of my knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name in block capital letters \_\_\_\_\_ Position held \_\_\_\_\_

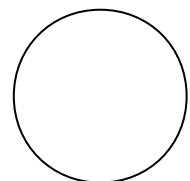
Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

Official stamp of educational institution



### 3. Professional work history

*In addition to the criteria for accreditation, your post qualifying professional employment may be relevant to your application.*

*Following receipt of your professional work details, the NSWQB may also require verification from employers, in which case you will be informed as soon as possible.*

*Please outline the nature of any **post-qualifying** professional social work employment that you have obtained. Please complete the form for the last two positions held and list other positions in chronological order. **Attach more sheets as required.***

#### **Professional employment (i)**

Name of Agency \_\_\_\_\_

Title / Position held \_\_\_\_\_

Area(s) of work		Area(s) of specialism, if any
	<input type="checkbox"/> Addiction	_____
	<input type="checkbox"/> Adoption and Fostering	_____
	<input type="checkbox"/> Child and Family	_____
	<input type="checkbox"/> Community Work	_____
	<input type="checkbox"/> Learning disability	_____
	<input type="checkbox"/> Physical disability	_____
	<input type="checkbox"/> Sensory disability	_____
	<input type="checkbox"/> Housing welfare	_____
	<input type="checkbox"/> Medical	_____
	<input type="checkbox"/> Occupational / private	_____
	<input type="checkbox"/> Old Age	_____
	<input type="checkbox"/> Probation / Criminal Justice	_____
	<input type="checkbox"/> Mental Health	_____
	<input type="checkbox"/> Child Psychiatry	_____
	<input type="checkbox"/> Other	_____

**Work undertaken** (briefly outline your main duties and the skills and knowledge acquired during this period):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach a separate sheet if required)

What were/are the **core social work tasks** of your social work position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Level of responsibility:** Please describe your level of responsibility and give examples of how you demonstrate/d this e.g. supervision of staff, responsible for education and training of students on placement:

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**Professional Supervision:** Who is/was your Line Manager? If applicable, please state name, contact details and qualifications of your Line Manager.

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What is/was the frequency and format of supervision?

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Who was/is your Clinical Supervisor (if different from above)? If applicable, please state name, contact details and qualifications Clinical Supervisor.

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What is/was the frequency and format of supervision?

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*Should we need to take your work experience into account, we may come back to you for more information, e.g. integration of social work theories, methods and skills.*

Type of service:  Public service  Private service  Voluntary service  Other \_\_\_\_\_

Date commenced: \_\_\_\_\_ Date finished: \_\_\_\_\_

Contract of employment  Full time  Part time, please specify % of full time \_\_\_\_\_

**Professional employment (ii)**

Name of Agency \_\_\_\_\_

Title / Position held \_\_\_\_\_

Area(s) of work		Area(s) of specialism, if any
	<input type="checkbox"/> Addiction	_____
	<input type="checkbox"/> Adoption and Fostering	_____
	<input type="checkbox"/> Child and Family	_____
	<input type="checkbox"/> Community Work	_____
	<input type="checkbox"/> Learning disability	_____
	<input type="checkbox"/> Physical disability	_____
	<input type="checkbox"/> Sensory disability	_____
	<input type="checkbox"/> Housing welfare	_____
	<input type="checkbox"/> Medical	_____
	<input type="checkbox"/> Occupational / private	_____
	<input type="checkbox"/> Old Age	_____
	<input type="checkbox"/> Probation / Criminal Justice	_____
	<input type="checkbox"/> Mental Health	_____
	<input type="checkbox"/> Child Psychiatry	_____
	<input type="checkbox"/> Other	_____
		_____

**Work undertaken** (briefly outline your main duties and the skills and knowledge acquired during this period):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach a separate sheet if required)

What were/are the **core social work tasks** of your social work position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Level of responsibility:** Please describe your level of responsibility and give examples of how you demonstrate/d this e.g. supervision of staff, responsible for education and training of students on placement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional Supervision:** Who is/was your Line Manager? If applicable, please state name, contact details and qualifications of your Line Manager.

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What is/was the frequency and format of supervision?

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Who was/is your Clinical Supervisor (if different from above)? If applicable, please state name, contact details and qualifications Clinical Supervisor.

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What is/was the frequency and format of supervision?

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*Should we need to take your work experience into account, we may come back to you for more information, e.g. integration of social work theories, methods and skills.*

Type of service:  Public service  Private service  Voluntary service  Other \_\_\_\_\_

Date commenced: \_\_\_\_\_ Date finished: \_\_\_\_\_

Contract of employment  Full time  Part time, please specify % of full time \_\_\_\_\_

**Any other factors that you may consider relevant to your application should be added here:**

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#### 4. Additional third level qualification/s (if applicable)

*This refers to qualification/s, other than professional social work qualification, of relevance to your application (e.g. qualification which gave exemptions for entry to social work course or undergraduate qualification with which you gained entry to postgraduate course or related qualifications gained after professional education).*

*Please provide an outline of all qualifications (not already accounted for) that you wish to refer to in your application. Please attach separate page/s if necessary.*

	<b>Title of qualification</b> (in original language and English)	<b>Major/subjects studied</b>	<b>Length of course</b> (from - to)	<b>Date received</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

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**Please attach original:**

- Certificate/s of above relevant qualification/s
- Transcripts of above relevant qualification/s

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#### **Declaration**

*I have read and understand the NSWQB criteria for accreditation of Non-National qualifications and understand that the decision in relation to my qualification/s will be made in this context and based on the evidence placed before the NSWQB.*

*I hereby declare that all the particulars I have supplied in this form and attached documents are true and accurate to the best of my knowledge and belief.*

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. Questionnaire (optional)

The NSWQB would appreciate you taking the time to complete this section. Information obtained from your answers will help the NSWQB identify training needs and to conduct more effective labour force planning.

◆ **Are you currently living in Ireland?**

Yes                       No

◆ **If no, when are you planning to move to Ireland?** \_\_\_\_\_

◆ **Are you currently working in the Irish social services?**

Yes                       No

◆ **If yes, please indicate in which type of agency and in which geographical region**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Health Services Executive | <input type="checkbox"/> East       |
| <input type="checkbox"/> Probation and Welfare     | <input type="checkbox"/> North East |
| <input type="checkbox"/> Local authority           | <input type="checkbox"/> North West |
| <input type="checkbox"/> Hospital                  | <input type="checkbox"/> West       |
| <input type="checkbox"/> Voluntary agency          | <input type="checkbox"/> Mid West   |
| <input type="checkbox"/> Other                     | <input type="checkbox"/> South      |
|  | <input type="checkbox"/> South East |
|  | <input type="checkbox"/> Midlands   |

◆ **Do you have professional social work experience from any other country?**

Yes: Please indicate length and type of experience:

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No: Comments: \_\_\_\_\_

◆ **How long are you planning to work as a professional social worker in Ireland?**

Less than 1 year                       1- 3 years                       More than 3 years

Comments: \_\_\_\_\_

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◆ **Why did you choose to come to work in Ireland?**

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◆ **Where did you hear about the NSWQB and the need to apply for accreditation?**

- Irish employer  
 College where I completed my social work studies  
 Internet  
 Other \_\_\_\_\_

Comments: \_\_\_\_\_

*The NSWQB is registered under the Data Protection Act. Please indicate here should you not wish to be contacted by the NSWQB in future in relation to follow-up research.*

## Checklist

To avoid delays, please ensure that you forward all of the following:

- Application Form completed in full, including your signed declaration and certified details of practice curriculum
- Administration fee of **€200.00** by:  
Electronic Fund Transfer/Cheque/Postal Order/ Bank Draft  
(**NOT cash**) paid in €

### Bank details for electronic transfer are as follows:

**NSC: 901490**

**Branch Address: Lower Baggot Street, Dublin 2, Ireland**

**A/C No.: 93113425**

**IBAN No.: IE85 BOFI 9014 9093 1134 25**

**BIC No.: BOFIE2D**

**Please ensure your bank includes your name as a reference when sending electronic transfer so that we can track your fee payment**

- Proof of identity – Passport (Full length birth certificate for Irish citizens)
- Certificate of professional social work qualification award
- Certificate of academic award (if different from professional award)
- Official Transcripts of Social Work qualification
- Evidence of recognition in your country of qualification  
(e.g., a statement from the Authority in your country of training that your qualification is recognised for employment as a Professional Social Worker)
- Certificate/s of other relevant qualification/s
  - Official Transcripts of other relevant qualification/s
- Certified translation of all document into English
- Evidence of Change of name if applicable

***The NSWQB recommend that you submit original documentation by registered post. All original documentation will be returned to you by registered post.***

**Please note:** If you do not respond to a request for further information within a **2 month period**, NSWQB will assume you do not wish to continue with the accreditation of your qualification. You may reapply by submitting a new application at a later stage.

### **The National Social Work Qualifications Board**

The National Social Work Qualifications Board is the Irish recognition authority for social work qualifications and the designated authority for the profession of social work in accordance with EU Directive 2005/36.

One of the functions of the Board is to accredit holders of Non-National social work qualifications. The NSWQB takes into account national standards of social work education - the National Qualification in Social Work (NQS), and the EU Directive 2005/36 in arriving at decisions in this regard.