

CONTINUING COMPETENCE APPROVED PROGRAM APPLICATION FORM

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Organization Name: _____

Business Address: _____

City: _____ Prov/Territory: _____ Postal Code: _____

Telephone: _____

E-mail: _____

Website: _____

*When completing this form, please add separate sheets where necessary to fully complete a question.

PROGRAM INFORMATION:

1. Program Content:

- Social Work Standards
- Social Work Ethics
- Social Work with Indigenous People

2. Format:

- In-person workshop, conference or seminar
- On-line interactive workshop (i.e. live with on-line interaction or interactive through questions)
- Audio/visual workshop (not interactive)

3. Length of program in hours (not including lunch/coffee breaks): _____

4. Title of Program: _____

5. Description of Program - Summary:

(Attach full Program Description / Course Content / Curriculum / Link to E-Learning)

6. Number of courses offered annually: _____

7. Are program evaluations completed by participants?

Yes No

If yes, **attach copy of evaluation form and provide summary of feedback.**

8. Program development process: (please describe how the curriculum was developed and who was involved in the development)

9. If program related to social work with Indigenous Peoples, how is content relevant to Manitoba/Canada?

10. If program related to social work with Indigenous Peoples, how is the content consistent with the Social Work Profession Regulation 17(1) as follows:

- a) Knowledge of cultural diversity and the pluralistic nature of Manitoba
- b) Knowledge and skills related to indigenous peoples, including their history, culture and spirituality
- c) Knowledge about social and economic justice issues, including systemic barriers and causes of social needs and problems
- d) Knowledge and skills in working with communities and groups

11. If program related to Social Work Standards of Practice and/or Social Work Ethics, does program include the involvement of a registered Social Worker in the development, delivery and/or monitoring of the program?

Yes No

If yes, please describe:

On-line program/registration

12. Is website security in place?

- Yes No

If yes, please describe the security measures: (Add separate sheets if necessary.)

ORGANIZATION INFORMATION:

13. Does your organization verify the identity of the individuals participating in your program?

- Yes No

If yes, please describe the measures taken: (Add separate sheets if necessary.)

14. How many times have you/your organization delivered this program or a similar program within the last three years? _____

15. How many years has your organization been in operation? _____

16. How are program providers qualified in their field of practice as demonstrated by their education, experience and membership in good standing with their associated regulatory body and/or professional association, if applicable? (Add separate sheets if necessary.) **Please attach resumes.**

Name	
Title/Role	
Qualifications	
Experience	
Regulatory/Professional Membership	
Contact Information	

17. Have any of the above individuals been sanctioned, formally disciplined, and/or had any formal action taken regarding his/her professional license /certificate /membership?

- Yes No

If yes, please provide details: (Add separate sheets if necessary.)

18. Has the organization been approved as a continuing education provider by another entity?

- Yes No

If yes, please list:

19. Has the organization ever been denied accreditation/certification or approval or had approval, accreditation or certification suspended or revoked?

- Yes No

If yes, please explain: (Add separate sheets if necessary.)

20. Does the organization have written policies and procedures for responding to complaints and/or grievances related to the program? (I.e. refund requests, complaints about program content, etc.)?

- Yes No

If yes, **attach copy of the policy and procedures. Attach a summary of any previous complaints/grievances.**

I agree to: (please initial to indicate your agreement)

- _____ Provide program content/course content/curriculum/link to e-learning program.
- _____ Retain all records related to the course/training for a minimum of 7 years and make them available to the College upon request.
- _____ Participate in program audits (including in-person audits) and facilitate reviews of on-line/distance learning programs as requested by the College.
- _____ Provide copies of grievance/complaints policies and procedures.
- _____ Provide a summary of feedback from evaluations to the College upon request.
- _____ Provide references upon request.

DOCUMENT CHECKLIST:

- PROGRAM DESCRIPTION / COURSE CONTENT / CURRICULUM / LINK TO E-LEARNING
- COPY OF EVALUATION FORM
- SUMMARY OF PARTICIPANT FEEDBACK FROM EVALUATIONS
- RESUME(S) OF THOSE INVOLVED WITH PROGRAM
- REFERENCE LETTERS
- GRIEVANCE / COMPLAINTS POLICY & PROCEDURE

Signature of Applicant (original signature required)

Date

**Submit this form, along with program outline/course content/curriculum
to:**

Manitoba College of Social Workers
101-2033 Portage Avenue, Winnipeg, MB R3J 0K6
Fax: (204) 831-6359 Email: admin@mcsw.ca Website: www.mcsw.ca

For Office Use Only:

Approved yes no

Date: _____

Executive Director/Registrar Signature: _____

Notes: _____

