

## **SUBSTANTIAL EQUIVALENCY Application**

### **Part II – Employment Information**

**The *Social Work Profession Act* [Sec. 10(1)(a)(iii)] and its Regulations [Sec. 5(1)] require that existing practitioners without social work academic credentials must:**

- (a) be currently employed in a capacity consistent with the applicant's functioning in the role of a social worker
- (b) have been employed in that capacity for 5600 hours within the past five years immediately prior to submitting a complete application for registration; and
- (c) provide documentation from his or her current employer that the applicant
  - (i) functions as a social worker in performing his or her current duties and responsibilities, and
  - (ii) practices social work safely, competently and ethically.

\*Employment may be volunteer work and hours of work may be as a volunteer. [Reg. 5(2)]

**In determining your eligibility for registration as it related to your employment, the Registrar will consider the following criteria [Regulation 5(3)]:**

- (a) the extent to which the applicant is able to demonstrate his or her practical experience in the core functions of social work;
- (b) the extent to which the applicant is able to demonstrate that the length, quality and nature of his or her practical experience is sufficient for the registrar to determine competency to practice social work, having regard to
  - (i) the applicant's prior practice of social work in Manitoba or elsewhere, and

#### **DEFINITION: THE PRACTICE OF SOCIAL WORK** (Social Work Profession Act, Part 2):

The practice of social work is the application of social work knowledge, skills, values and practice methods in a person-in-environment context, with the following objectives:

- a) to accomplish the core functions of social work, including
  - i) helping people obtain services relating to their basic human needs,
  - ii) counseling of individuals, families and groups, and
  - iii) helping communities and groups provide or improve social and health services

- b) to assess, remediate and prevent social problems encountered by individuals, families and communities;
- c) to enhance individual, family and community social functioning

**Section 1: APPLICANT PROFILE**

**Applicant Name:** \_\_\_\_\_ **DOB (M/D/YR):** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Primary Email Address:** \_\_\_\_\_

**SOCIAL WORK POSITIONS HELD WITHIN EACH OF THE PAST 5 YEARS:**

|   | <b>Position Title</b><br>(begin with current position) | <b>Organization</b> | <b>Start Date</b> | <b>End Date</b> | <b>Is this position social work?</b> | <b>Total practice hours within past 5 years*</b> |
|---|--|---------------------|-------------------|-----------------|--------------------------------------|--|
| 1 |  |                     |                   |                 | Yes No                               |  |
| 2 |  |                     |                   |                 | Yes No                               |  |
| 3 |  |                     |                   |                 | Yes No                               |  |
| 4 |  |                     |                   |                 | Yes No                               |  |
| 5 |  |                     |                   |                 | Yes No                               |  |
| 6 |  |                     |                   |                 | Yes No                               |  |
| 7 |  |                     |                   |                 | Yes No                               |  |
| 8 |  |                     |                   |                 | Yes No                               |  |

\* not including leaves of absence, inactive on call hours, etc.

\*\* 5 years from the date of application

**PROFESSIONAL DEVELOPMENT**

Please describe your participation in training and professional development *related to social work* within the last 5 years.

|     | <b>Workshop/Activity</b><br>(begin with most recent) | <b>Organization/Presenter</b> | <b>Date(s)</b>          | <b># of hours</b> |
|-----|--|-------------------------------|-------------------------|-------------------|
| Ex: | <i>Best Practices in Geriatric Social Work</i>       | <i>WRHA</i>                   | <i>June 4 – 5, 2015</i> | <i>16</i>         |
| 1   |  |                               |                         |                   |
| 2   |  |                               |                         |                   |
| 3   |  |                               |                         |                   |
| 4   |  |                               |                         |                   |
| 5   |  |                               |                         |                   |

## **CULTURALLY RELEVANT KNOWLEDGE**

Please provide information regarding your familiarity with culturally relevant knowledge for practicing social work with indigenous peoples and other cultural groups. (add more pages if necessary).

## Instructions to Applicant for Section 2:

1. For each position you have listed in the chart on page 2, please complete Section 2 (print additional copies of pages 4 – 8 as required)
2. Obtain signature of your direct supervisor/manager for each position, including former supervisor(s)/manager(s)

## Section 2: DETAILED SOCIAL WORK POSITION INFORMATION

Position Title: \_\_\_\_\_

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

1. Nature of Primary Social Work Practice (✓ all that apply)

|                          |                                     |                          |                                  |
|--------------------------|-------------------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Child Protection                    | <input type="checkbox"/> | Employment and Income Assistance |
| <input type="checkbox"/> | Adoption Services                   | <input type="checkbox"/> | Corrections/Justice              |
| <input type="checkbox"/> | Counseling/Assessment               | <input type="checkbox"/> | Community Development/Advocacy   |
| <input type="checkbox"/> | Domestic Violence Services          | <input type="checkbox"/> | Social Policy                    |
| <input type="checkbox"/> | Child/Adolescent Mental Health      | <input type="checkbox"/> | Program Management/Development   |
| <input type="checkbox"/> | Adult Mental Health                 | <input type="checkbox"/> | Research                         |
| <input type="checkbox"/> | Disability Services                 | <input type="checkbox"/> | Addictions Services              |
| <input type="checkbox"/> | Home-Care/Community Health Services | <input type="checkbox"/> | Victim Services                  |
| <input type="checkbox"/> | Hospital Social Work                | <input type="checkbox"/> | Newcomer Services                |
| <input type="checkbox"/> | School Social Work                  | <input type="checkbox"/> | Other (identify)                 |
| <input type="checkbox"/> | Social Work Education               | <input type="checkbox"/> |                                  |
| <input type="checkbox"/> | Geriatrics                          | <input type="checkbox"/> |                                  |

2. Identify key job functions and responsibilities:

3. How do the services you provide fall within the definition of the Practice of Social Work?

4. Were you hired in the above-noted position because of any previous social work knowledge/training?

Yes                      No

If yes, please describe:

5. Were you hired in the above-noted position because of any previous social work experience?  
Yes            No

If yes, please describe:

6. Do you have direct responsibility and decision-making in providing social work services in the above-noted position? Yes            No

If yes, please provide examples:

7. Does your practice *in your above-noted position* involve any of the following:

**Engagement**

|  |                          |
|--|--------------------------|
| Facilitate interactive process of engagement   | <input type="checkbox"/> |
| Engage with individuals, families, groups, organizations and communities in a manner that reflects an understanding of diversity and power differentials | <input type="checkbox"/> |

Provide examples:

**Social Work Assessment**

|  |                          |
|--|--------------------------|
| Assess clients' situation and needs in relation to professional social work assessment standards and practices | <input type="checkbox"/> |
| Make judgements based on social work knowledge that serve the basis for actions in cases                       | <input type="checkbox"/> |

Provide examples:

### Social Work Skills/Interventions

|   |                          |
|---|--------------------------|
| Clearly identify nature of clients' problem or need being addressed and elicit clients' point of view, suggestions and consent (where possible) about the proposed intervention | <input type="checkbox"/> |
| Develop treatment or service plan based on assessment findings  | <input type="checkbox"/> |
| Document various steps in the intervention plan   | <input type="checkbox"/> |
| Directly implement the intervention according to the established plan   | <input type="checkbox"/> |
| Establish and maintain collaboration with relevant stakeholders involved in the intervention delivery   | <input type="checkbox"/> |
| Bring intervention process to a conclusion  | <input type="checkbox"/> |

Provide examples:

### Evaluation

|   |                          |
|---|--------------------------|
| Assess and adjust process of intervention   | <input type="checkbox"/> |
| Assess adequacy of existing policies and practices considering professional standards and determine changes necessary | <input type="checkbox"/> |

Provide examples:

### Advocacy/Improving Policies and Practices

|   |                          |
|---|--------------------------|
| Advocate for and engage in practices to further human rights and social justice | <input type="checkbox"/> |
| Advocate for System Change  | <input type="checkbox"/> |

Provide examples:

**Do you engage in reflective practice and professional development?**

|  |                          |
|--|--------------------------|
| Evaluation one's practice considering social work professional standards     | <input type="checkbox"/> |
| Receive and use social work supervision and consultation to enhance practice | <input type="checkbox"/> |
| Participate in professional development activities                           | <input type="checkbox"/> |

Provide examples:

**Do you apply Social Work Ethical Standards?**

|   |                          |
|---|--------------------------|
| Apply ethical reasoning based on the Social Work Code of Ethics and Standards of Practice | <input type="checkbox"/> |
| Engage in ethical practice  | <input type="checkbox"/> |

Provide examples:

**Are you in Private Practice?**

Yes                  No

**If yes, how do you apply the Standards of Practice, Standard 7 – Private Practice, and the related Practice Directives?**

|   |                          |
|---|--------------------------|
| Maintain accessibility to clients (respond to unanticipated client needs; arrange for coverage by competent peer; ensure offices are free of impediments to mobility etc.)              | <input type="checkbox"/> |
| Maintain regular, consistent and structured supervision with a supervisor with relevant expertise, experience and knowledge of recognized social work ethics and standards of practice. | <input type="checkbox"/> |
| Keep records that substantiate service in a secure place and in accordance with all applicable legislation  | <input type="checkbox"/> |
| Establish a fee structure; discuss all fees with clients at the beginning of Social Work service  | <input type="checkbox"/> |
| Establish policies re: third party payments, charges for missed or cancelled appointments, overdue accounts and non-payment of accounts   | <input type="checkbox"/> |

Provide examples:

**This section must be completed by the applicant's direct supervisor/manager prior to submitting this form:**

**Employer Confirmation:**

**I declare that the information provided in Section 2 regarding this applicant is accurate to the best of my knowledge.**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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



### **Section 3: APPLICANT DECLARATION**

I, \_\_\_\_\_, declare that the information provided in this Substantial Equivalency Application – Part II is accurate.

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

#### **DOCUMENT CHECKLIST:**

**SUBSTANTIAL EQUIVALENCY APPLICATION – PART II COMPLETED**

**SECTION 2: DETAILED SOCIAL WORK POSITION DESCRIPTION INFORMATION COMPLETED**

**AND FORMAL JOB DESCRIPTION ATTACHED FOR EACH POSITION HELD IN THE PAST 5 YEARS**

**PLEASE RETURN - SUBSTANTIAL EQUIVALENCY APPLICATION – PART II - EMPLOYMENT INFORMATION TO:**

THE REGISTRAR

Manitoba College of Social Workers

101 – 2033 Portage Avenue

Winnipeg, MB R3J 0K6

Phone: 204-888-9477 Fax: 204-831-6359

Email: admin@mcsw.ca