

## MEMBERS – NON-PRACTICING CATEGORY REQUEST FORM

Non-practicing designation is available to eligible registrants who are not currently engaged in the practice of social work in Manitoba as defined by Section 2 of *The Social Work Profession Act* and Article 5-5 of the Manitoba College of Social Workers By-Law.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

### REASON FOR NON-PRACTICING MEMBERSHIP:

Please indicate your reason for selecting non-practicing membership:

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

Retirement

\*attach letter from employer confirming retirement or copy of ROE

Unemployed

\*attach ROE

Leave of Absence – indicate type: \_\_\_\_\_

\*attach supporting documentation confirming leave (from employer or physician)

Residing in another jurisdiction

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

Will you be returning to the Practicing category?  Yes  No

Date of return to practice, if known: \_\_\_\_\_

NOTE: Category changes will not be back dated. Members are encouraged to apply immediately upon eligibility for the non-practicing category.

## DECLARATIONS:

Initial

- While in the Non-Practicing category of registration, I will not use the title “Social Worker” or the designations “Registered Social Worker” and “RSW”
- I will not represent myself as a Social Worker, expressly or by implication
- I will not engage in the practice of Social Work as defined in Section 2 of *The Social Work Profession Act* and Article 5-5 of the Manitoba College of Social Workers By-Law.
- I attest that all of the information provided on this form is accurate.
- I have provided the necessary verification of the change in my practice circumstances.
- I attest that I will notify the Manitoba College of Social Workers a minimum of 3 business days prior to practicing Social Work in the province of Manitoba.

Name: \_\_\_\_\_  
(please print)

Date of Birth: \_\_\_\_\_  
(d/m/y)

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

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

## DOCUMENT CHECKLIST:

- COMPLETED FORM
- SUPPORTING DOCUMENTATION AS INDICATED ON PAGE 1 IF APPLICABLE

**Please return the “NON-PRACTICING CATEGORY REQUEST FORM”  
and attachments to:**

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