

DECLARATION OF PREFERRED NAME

I declare that:

My legal name is: _____
(Full Legal Name)

My preferred first name is: _____
(Preferred First Name)

- I understand and agree that I must be registered and practice under my legal surname.
- I understand and agree that I will practice solely under my preferred first name and my legal surname and that this name will be searchable on the Register of Social Workers.
- I understand that my legal name will continue to be used for College records and processes that require use of legal name including but not limited to official documents required to obtain and maintain registration and/or verification of registration in another jurisdiction.
- I understand and agree that my preferred first name cannot be used for the purpose of misrepresentation or fraud and must otherwise comply with the values of the social work profession.
- I hereby attest that all the information provided on this form is accurate and correct.

Name: _____
(please print)

Signature: _____ Date: _____

Please return this declaration 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