Please copy this form if additional copies are required.

REFERENCE FORM FOR SOCIAL WORKERS APPLYING FOR LICENSURE IN THE NORTHWEST TERRITORIES -

PLEASE MAIL COMPLETED FORM DIRECTLY TO:
**Office of the Registrar, Professional Licensing, Department of Health & Social Services -
Government of the NWT, Box 1320 (NGB - 7th Floor) - Yellowknife, NWT X1A 2L9
Telephone: (867) 767-9067 Facsimile: (867) 873-0484**

NAME OF APPLICANT **(PLEASE PRINT):**

I authorize the referee to disclose to Registrar Office of Professional Licensing in the Northwest Territories, information relevant to licensure which would otherwise be confidential and I waive any right of disclosure of the same and agree that communication between the Registrar and the referee shall be privileged.

SIGNATURE OF APPLICANT:	*DATE:*
NAME OF REFEREE (PLEASE PRINT):	*APPLICANT TELEPHONE/FACSIMILE #:*

INSTRUCTIONS FOR REFEREE: *Your personal knowledge of this applicant is important in judging suitability for licensure. Any problems or concerns that you identify below should be explained.* **Please use the back of this form if required**.

1. *Indicate dates where, and in what capacity, you worked with the applicant. Must be within the last three years:*

   _____

   _____

	YES	NO
2. *Are you aware of any problems regarding the applicant's physical or mental health or of any alcohol or drug problems?*	☐	☐
3. *Are you aware of any complaints regarding the applicant from either clients or other social workers?*	☐	☐
4. *Do you know of any ethical problems the applicant has which relate to social work practice?*	☐	☐
5. *Are you aware of any aspects of the applicant's personality that may cause difficulties in professional interpersonal relationships with clients or other social workers?*	☐	☐
6. *Is there any reason why you would not consider the applicant to have adequate knowledge, skills, and judgement required for practice as a social worker?*	☐	☐

7. *Have you any additional information with respect to the applicant's professional or ethical conduct which may affect their application for registration?*

   _____

   _____

   _____

SIGNATURE OF REFEREE:	*DATE:*
ADDRESS:	
TELEPHONE #:	*FACSIMILE #:*

YOU MAY FAX THIS FORM TO (867) 873-0484 HOWEVER ORIGINAL MUST BE MAILED BY THE REFEREE DIRECTLY TO THE ADDRESS SHOWN ABOVE.