



澳門特別行政區政府
社會工作局
GOVERNO DA RAEM
INSTITUTO DE ACÇÃO SOCIAL

《Social Worker Professional Qualification System》 Social Worker Registration Application Form

- | | |
|---|---|
| <input type="checkbox"/> First-time registration | <input type="checkbox"/> Temporary registration |
| <input type="checkbox"/> From temporary to confirmed registration | |
| <input type="checkbox"/> Renewal registration | |
| <input type="checkbox"/> Replacement of registration card | <input type="checkbox"/> Replacement of temporary registration card |
| <input type="checkbox"/> Resumption of registration | <input type="checkbox"/> Re-registration |

Application No. : _____ (for internal use only)

Applicants can apply online through the “Social Workers Professional Qualification Accreditation and Registration System”, then there is no need to fill out this application form. If you have difficulties with online application, please call 2857 5010 for enquiry or come to the reception room of “Social Worker Professional Qualification System” (Centro de Sinistrados da Ilha Verde, Avenida do Conselheiro Borja) in person with the necessary documents for the relevant application. The content of this application form will be processed online with the assistance of the staff, including: checking / updating / filling information.

1. Personal Information (Except names, no need to fill in the personal information as below, directly check or renew when you come to office in persons) (Please use capital letters in writing down foreign names)

Chinese Name			
Foreign Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of Birth	<input type="checkbox"/> Macao, China <input type="checkbox"/> Mainland China <input type="checkbox"/> Hong Kong, China <input type="checkbox"/> Portugal <input type="checkbox"/> Others, _____		
Date of Birth	_____ Day _____ Month _____ Year		
Identity Document	<input type="checkbox"/> Macao SAR Permanent Identity Card <input type="checkbox"/> Macao SAR Non-permanent Identity Card		
	Identity Card No. _____		
Telephone no.	Mobile phone _____ Home _____ Office _____		
Home Address			
Postal Address (Must be Macau address)	<input type="checkbox"/> Same as home address <input type="checkbox"/> Different from home address, please specify _____		
Office Address			
E-mail Address			
Employment Status	<input type="checkbox"/> In service (actually performing social work duties)	<input type="checkbox"/> In service (performing non-social work duties)	<input type="checkbox"/> Unemployed/Retired
Types of Employment	<input type="checkbox"/> Private entity, specify _____ <input type="checkbox"/> Public sector, specify _____ <input type="checkbox"/> Others, specify _____	<input type="checkbox"/> Private entity, specify _____ <input type="checkbox"/> Public sector, specify _____ <input type="checkbox"/> Others, specify _____	
Service Area/Industry Area	<input type="checkbox"/> Family & community <input type="checkbox"/> Elderly <input type="checkbox"/> Children & youth <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Prevention & treatment of addiction <input type="checkbox"/> Social reintegration & correctional services <input type="checkbox"/> Medical services <input type="checkbox"/> Education <input type="checkbox"/> Labour employment	<input type="checkbox"/> Social services <input type="checkbox"/> Health & medical <input type="checkbox"/> Public sectors <input type="checkbox"/> Education, culture & art <input type="checkbox"/> Entertainment & games <input type="checkbox"/> Retail <input type="checkbox"/> Hotel, catering & tourism <input type="checkbox"/> Bank, insurance & financial	



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	<input type="checkbox"/> Judiciary & public security <input type="checkbox"/> Non-social services duties <input type="checkbox"/> Housing <input type="checkbox"/> Others, specify _____	<input type="checkbox"/> Transport, construction, real estate & communication <input type="checkbox"/> Others, specify _____	
Types of Service Units	<input type="checkbox"/> Centre <input type="checkbox"/> School <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Others, specify _____		
Title of Occupation	<input type="checkbox"/> Social worker <input type="checkbox"/> Counselor <input type="checkbox"/> Supervisor <input type="checkbox"/> Chief <input type="checkbox"/> Director <input type="checkbox"/> Others _____	<input type="checkbox"/> Coordinator <input type="checkbox"/> Residential caretaker <input type="checkbox"/> Others _____	
Years of working/had worked in the title of social worker	<input type="checkbox"/> 0 <input type="checkbox"/> 1 year below <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 21-25 years <input type="checkbox"/> 25 years above	<input type="checkbox"/> 0 <input type="checkbox"/> 1 year below <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 21-25 years <input type="checkbox"/> 25 years above	

2. Educational background (This column is not applicable to diploma of high school graduation or two-year social work course diploma) (No need to fill in, it will be checked or updated in person)

Name of institution	Faculty	Degree type	Institution location	Duration of study	Type of study (full- / part-time)	Year of completion

3. Diploma of high school graduation or two-year social work course diploma (This column is not applicable to bachelor degree for social work or above) (No need to fill in, it will be checked or updated in person)

Name of school / institution	Education level / certificate type	School / institution location	Duration of study	Type of study (full- / part-time)	Year of completion

4. Training program for further education (Only applicable to the date of the first registration application is over 3 years away from the date of issuance of the professional qualification accreditation certificate / update information / renewal registration / resumption registration / re-registration. The information filled must be submitted with a copy of the course certificate. If there is not enough space, please add A4 paper as an attachment)

Name of course	Organizer	Method of study (Note 1)	Country / region of the training	Time of course	Duration (hours)	Accredited by the Council (Y / N)

Note 1: Study methods include formal degree courses related to social work, classroom style / lectures / workshops, forums / seminars, community / group activities.

5. Provision of Certificate of Criminal Record

<input type="checkbox"/> Applicant submits original in person	<input type="checkbox"/> When applying for this document in the Identification Services Bureau, choose a delivery service directly
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sending to the IAS

6. Information of Payment

Types of Payment	<input type="checkbox"/> Free of charge <input type="checkbox"/> cash <input type="checkbox"/> credit card (Visa / Master / Union pay) <input type="checkbox"/> Others, please specify _____
Amount of Payment	Macao Dollar Mop
No. of Receipt	

7. Contact method (Please choose ☒)

In addition to SMS, do you want to receive general notifications via email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The language that you want to receive in emails or SMS	<input type="checkbox"/> Chinese <input type="checkbox"/> Portuguese

8. Statement and consent

- I declare that the information filled out and submitted above is true and correct. I understand that making a false statement is a criminal responsibility.
- I agree that the Social Welfare Bureau will check with the relevant employment agency from the information of this form for verification.

Signature of Applicant: _____

Date: _____ Day _____ Month _____ Year

According to the stipulation of Law No.8/2005 “Macao Personal Data Protection Law”: (1) The personal data provided in this form is only used for processing applications; (2) Based on fulfilling statutory obligations, the above data may also be transferred to other authorized entities; (3) Applicants have the right to apply for inspection, correction or update the personal data stored in the Social Welfare Bureau.

To be completed by the Social Welfare Bureau

Submitted documents checking : <input type="checkbox"/> All documents are submitted (within SMS) <input type="checkbox"/> All documents are needed to submitted (within SMS)	Signature of Staff : _____ Staff No. : _____ Date of Receipt : _____ Day _____ Month _____ Year
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