

Social Worker Professional Qualification System Suspension and Cancellation of Social Worker Registration Application Form

Application No. : _____ (for internal use only)

☐ Suspension of Registration ☐ Cancellation of Registration

If the applicants choose to apply online through the “Social Worker 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” (ground floor of 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.

I. 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	
Social Worker Registration No.	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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 the address in Macau)	<input type="checkbox"/> Same as home address <input type="checkbox"/> Different from home address, please specify _____
E-mail Address	

II. Last employed organization and status (no need to fill in the information, directly check or renew when you come to office in persons)

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"/> Non-employed/ 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"/> Judiciary & public security <input type="checkbox"/> Non-social services duties <input type="checkbox"/> Housing <input type="checkbox"/> Others, specify _____	<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 <input type="checkbox"/> Transport, construction, real estate & communication <input type="checkbox"/> Others, specify _____	<input type="checkbox"/> Last serviced industry, please specify _____



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

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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 Last 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, please specify _____	<input type="checkbox"/> Coordinator <input type="checkbox"/> Residential caretaker <input type="checkbox"/> Others _____	<input type="checkbox"/> Please specify _____
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	

3. Reasons of Application (Please choose ☒)

No. of Registration Card	
Reason of Suspension (only suitable for application of suspension)	<input type="checkbox"/> Private <input type="checkbox"/> Others, please specify _____
Reason of Cancellation (only suitable for application of cancellation)	<input type="checkbox"/> Private <input type="checkbox"/> Start working in public sectors <input type="checkbox"/> Others, please specify _____

Remarks : 1. The applicant must return the registration card back to Social Welfare Bureau within 30 days from the date of receiving mobile message from Social Welfare Bureau.

2. In case of death, the representative must present the identification document and return the registration card back to Social Welfare Bureau (if any).

4. Statement and Consent

1. 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.
2. 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 of Application: ____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"/> Documents are needed to submitted(within SMS)	Signature of Staff : _____ Staff No. : _____ Date of Receipt : ____Day__Month__Year