



Bord dwar il-Professjoni tax-Xogħol Soċjali f'Malta

Malta Social Work Profession Board

Date: _____
To: Chairperson, Social Work Profession Board
From: _____ (name of HR Director/Manager)
on behalf of _____ (employing entity)
RE: Employment of Social Worker within _____
(service)

Below, find the information as per Social Work Profession Act (Cap 468) Article 3(d)(7).

Name of Social Worker _____
ID Card number _____
Warrant number (if warranted) _____
Date of Employment as Social Worker _____
Name of Supervisor _____
Warrant number of Supervisor _____

I confirm that the above information is correct.

Signature of HR Director/Manager _____

Designation _____

Stamp