



## Register of Unwarranted Social Workers in Practice

Name & Surname	_____
Id Card Number	_____
Social Work Qualification	_____
Awarding Institution	_____
Year of Qualification Attainment	_____
Organisation where Practicing	_____
Supervising Social Worker	_____
Supervisor's Warrant Number	_____

I, \_\_\_\_\_ (insert name and surname), bearer of Id Card \_\_\_\_\_, hereby confirm that the information is correct. I also agree that this information is to be inserted in the register of unwarranted social workers, maintained by the Social Work Profession Board of Malta, as per Article 5. (1) (e) of the Social Work Profession Act (Cap 468).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Worker's Name

\_\_\_\_\_  
Supervisor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date