

Licensure Application Form for Professionals Working in the Social Sector

Passport size
photograph

FORM TO BE FILLED IN ENGLISH USING CAPITAL LETTERS ONLY
Fields marked with (*) are mandatory

1. Application Details

* I am applying for the following professional license: (please check the appropriate category)	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Social Therapist
	<input type="checkbox"/> Social Counselor	<input type="checkbox"/> Special Education Teacher
* If you have checked any of the above, please specify the area of expertise:		
Employing Facility: (Kindly mention the name and contact details of the facility where you will be employed to provide services)		

2. Personal Details (Please enter all details as per passport)

* First Name			
Middle Name			
* Last Name (Family/Surname)			
Maiden Name (If Applicable)			
* Date of Birth (dd/mm/yyyy)	Place of Birth		
* Passport No.	* Nationality		
* Passport - Date of issue	* Passport - Date of Expiry		
* Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
UAE National ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ID No. (If applicable)
* Visa Type	<input type="checkbox"/> Visit	<input type="checkbox"/> Resident	<input type="checkbox"/> NA
* Address in Home Country			
* Address in UAE (if different from above)			
City	* PO Box		
Tel . No. in UAE (Mobile)	Tel. No. in UAE (Business)		
* Email Address			

Educational Qualifications and license information. Please provide **full and clear name and address** of the institution attended. Indicate clearly your qualification and the **exact name and address** of the qualifying body. **Do not use abbreviated terms or initials.**

3. Education Information (1)			
* Name as per Certificate			
	(If certificate name is different than name as per passport, then please submit the relevant name change document)		
* University/Institution Name			
College Name			
University Address			
City		Area	
* University Country		Telephone No.	
* Qualification Attained (e.g. Master of Social Work)			
Major Subject		Minor Subject	
Student Identity / Roll No.			
Seat No. / Registration No.			
Attendance Period	From (dd/mm/yyyy)		To (dd/mm/yyyy)
Qualification Conferred Date (dd/mm/yyyy)			
Education Information (2)			
* Name as per Certificate			
	(If certificate name is different than name as per passport, then please submit the relevant name change document)		
* University/Institution Name			
College Name			
University Address			
City		Area	
* University Country		Telephone No.	
* Qualification Attained (e.g. Master of Social Work)			
Major Subject		Minor Subject	
Student Identity / Roll No.			
Seat No. / Registration No.			
Attendance Period	From (dd/mm/yyyy)		To (dd/mm/yyyy)
Qualification Conferred Date (dd/mm/yyyy)			

Note: If you have more education information to be furnished, please add them in a separate page

4. License Information

Name as per License			
Issuing Authority Name			
City		Area	
Issuing Authority Country		Telephone No.	
License Attained			
License Type			
License No.			
Issue Period	From (dd/mm/yyyy)		To (dd/mm/yyyy)
License Conferred Date (dd/mm/yyyy)			

5. Experience Information (Please provide FULL details of employment for last 3 years starting in order from latest to the previous employers)

First Employer Details

* Name of the Employer			
* Address			
Website address (URL)			
* Telephone No.		Employment Code	
* Period of Employment	From (dd/mm/yyyy)		To (dd/mm/yyyy)
* Job Title/Designation		Department	
* Full time/Temporary			
	(If temporary please specify the agency name if any)		

Second Employer Details

* Name of the Employer			
* Address			
Website address (URL)			
* Telephone No.		Employment Code	
* Period of Employment	From (dd/mm/yyyy)		To (dd/mm/yyyy)
* Job Title/Designation		Department	
* Full time/Temporary			
	(If temporary please specify the agency name if any)		

Note: If you have more work experience details that needs to be furnished, please add them in a separate page.

4. Declaration

I hereby acknowledge that the following questions have been answered to the best of my knowledge:

1	Since your enrollment in education programs, have you been subject to any disciplinary action at an Academic Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Since your enrollment in education programs, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Have you ever applied for licensure or sit for an examination or taken an examination under a different name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you ever, for any reason, been denied a professional license, whether full, limited, temporary, or have you withdrawn an application for professional licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Have you ever voluntarily surrendered a professional license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, facility, or professional society or association in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any government authority, facility, group or professional society or association in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Has your professional scope of service or professional status in any facility or organization in any jurisdiction been limited, suspended, revoked, not renewed or subject to probationary conditions or is processing towards any of those ends been instituted or recommended by a professional committee or by any governmental authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Have you ever been charged with any criminal offense, other than a minor traffic offense, in any jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	In the past (10) years, has any professional malpractice claim been made against you in any jurisdiction, whether or not a lawsuit was filed in relation to the claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Have you been diagnosed with or treated for a medical condition that in any way currently limits or impairs your ability to provide professional services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Do you currently have a medical condition that in any way limits or impairs your ability to provide professional services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Within the past two years, have you engaged in the use of chemical substances with the result that your ability to provide professional services is currently impaired or limited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above questions, please furnish details in an additional sheet.

I hereby affirm by my signature, that the information I have completed under penalty of perjury is true and correct. Should I furnish any false information in this application, I hereby agree that such an act shall constitute cause for the denial, or suspension or revocation of my license to practice.

Signature:

Date:

Document / Information Checklist

The following documents are mandatory. Please note that the application will not be accepted if this information /documents are not provided. (Please provide clear and legible copies)

A - Applicable to all		
1	Application form duly filled in its entirety	<input type="checkbox"/>
2	Copy of valid passport with the family book as for citizens, a copy of valid passport with valid residence visa for non-citizens	<input type="checkbox"/>
3	Curriculum Vitea of the applicant	<input type="checkbox"/>
4	Copy of the Academic degree and practical experience, attested and equalized by the respective authorities, attached with a certificate verifying the accuracy of the academic qualification and practical experience issued by one of the approved authorities	<input type="checkbox"/>
5	Professional license copy (front and back)* if found	<input type="checkbox"/>
6	Certificate of Good Standing issued by the respective authority within the emirate*	<input type="checkbox"/>
7	Any other documents as requested by CDA	<input type="checkbox"/>
B - Applicable in special circumstances		
1	Mark sheet for the final year (all year mark sheets for applicants who have studied in India)*	<input type="checkbox"/>
2	Copy of the backside on the degree certificate (for applicants having Afghanistan, Egyptian & Pakistani degrees/certificates)*	<input type="checkbox"/>
3	Certificate of Authenticity and Verification (CAV) for applicants who have studied in Philippines*	<input type="checkbox"/>
4	Name change certificate, if applicable (Marriage certificate, affidavit, any legal document, etc.)*	<input type="checkbox"/>

* Kindly provide two copies of each for the documents indicated above.

Name: _____

Signature: _____

Date: _____