

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 follow-	Social Worker Social Therapist			
ing professional license: (please check the appropriate category)	Social Counseler	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 ent	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	☐ Male ☐ Female			
UAE National ID	☐ Yes ☐ No	ID No. (If applicable)		
* Visa Type	☐ Visit ☐ Resident	□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				

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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			
* 11	(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 releva	ant name change document)
	(If certificate name is different than name as per passport,	then please submit the releva	ant name change document)
* Name as per Certificate	(If certificate name is different than name as per passport,	then please submit the releva	ant name change document)
* Name as per Certificate * University/Institution Name	(If certificate name is different than name as per passport,	then please submit the releva	ant name change document)
* Name as per Certificate * University/Institution Name College Name	(If certificate name is different than name as per passport,	then please submit the releva	ant name change document)
* Name as per Certificate * University/Institution Name College Name University Address	(If certificate name is different than name as per passport,		ant name change document)
* Name as per Certificate * University/Institution Name College Name University Address City	(If certificate name is different than name as per passport,	Area	ant name change document)
* Name as per Certificate * University/Institution Name College Name University Address City * University Country * Qualification Attained	(If certificate name is different than name as per passport,	Area	ant name change document)
* Name as per Certificate * University/Institution Name College Name University Address City * University Country * Qualification Attained (e.g. Master of Social Work)	(If certificate name is different than name as per passport,	Area Telephone No.	ant name change document)
* Name as per Certificate * University/Institution Name College Name University Address City * University Country * Qualification Attained (e.g. Master of Social Work) Major Subject	(If certificate name is different than name as per passport,	Area Telephone No.	ant name change document)
* Name as per Certificate * University/Institution Name College Name University Address City * University Country * Qualification Attained (e.g. Master of Social Work) Major Subject Student Identity / Roll No.	(If certificate name is different than name as per passport,	Area Telephone No.	ant name change document)

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

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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 (Pleas	e provide FULL details of em	iployment for last 3 years starting	n in order from latest to the r	orevious employers)
,		mployer Details	,	,,
* Name of the Employer		1		
* 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 speci	ify 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 speci	ify 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.

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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?	☐ Yes	□ 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?	☐ Yes	□ No
3	Have you ever applied for licensure or sit for an examination or taken an examination under a different name?	☐ Yes	□ 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?	☐ Yes	□ No
5	Have you ever voluntarily surrendered a professional license?	☐ Yes	□ 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?	☐ Yes	□ 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?	☐ Yes	□ 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?	□ Yes	□ No
9	Have you ever been charged with any criminal offense, other than a minor traffic offense, in any jurisdiction?	☐ Yes	□ 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?	☐ Yes	□ 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?	☐ Yes	□ No
12	Do you currently have a medical condition that in any way limits or impairs your ability to provide professional services?	☐ Yes	□ 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?	☐ Yes	□ 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:

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Letter of Authorization

I hereby authorize the Community Development Authority, its authorized affiliates, agents and subsidiaries, acting on its behalf to verify information, documentation and back ground verification presented on my application form including but not limiting to education, employment and licenses.

I hereby grant the authority for the bearer of this letter, with immediate effect, to release all necessary information to the Community Development Authority, its authorized affiliates, agents and subsidiaries.

This information / documentation may contain but is not limited to grades, dates of attendance, grade point average, degree / diploma certification, employment title, employment tenure, license attained, status of the license, place of issue and any other information deemed necessary to conduct the verification of the information / documentation provided.

I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I further understand and acknowledge that this Information Release Form will remain valid for a period of two years following its completion.

Personal Detai	ils: (in BLOCK letters)		
Full Name:			
	First Name	Middle Name	Last Name
Passport/Identit	y Card Number:		
Signature:		Date:	

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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			
2	Copy of valid passport with the family book as for citizens, a copy of valid passport with valid residence visa for non-citizens			
3	Curriculum Vitea of the applicant			
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			
5	Professional license copy (front and back)* if found			
6	Certificate of Good Standing issued by the respective authority within the emirate*			
7	Any other documents as requested by CDA			
	B - Applicable in special circumstances			
1	Mark sheet for the final year (all year mark sheets for applicants who have studied in India)*			
2	Copy of the backside on the degree certificate (for applicants having Afghanistan, Egyptian & Pakistani degrees/certificates)*			
3	Certificate of Authenticity and Verification (CAV) for applicants who have studied in Philippines*			
4	Name change certificate, if applicable (Marriage certificate, affidavit, any legal document, etc.)*			
* Kindly provide two copies of each for the documents indicated above. Name:				
Sig	nature:			

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Document / Information Checklist

Date:_