



## IFSW Membership Application Form

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### Name of Organisation:

Please give in the field below a short outline of your organisation including its history, legal status and aims and objectives:

LA ASOCIACIÓN FUE CREADA EN 1952, LA CUAL TIENE PERSONERÍA JURÍDICA CUYA MISIÓN ES: Promover un entorno de transformación en las instituciones Públicas y Privadas donde ejercen las(os) Trabajadores(as) Sociales, a través del Desarrollo Profesional de los(as) Asociados(as), la regulación del Ejercicio Profesión, con base a principios legales éticos y científicos.

### Category (tick off the appropriate category)

Professional Association  
Individual Membership

Association and Trade Union  
Federation of Organisations

### Address:

Ciudad de Panamá, ave. Peru, Edificio Arboix N°2, Local 8 piso 1

### President:

Kenia Emérita Batista Araúz

### Name of Chief Executive Officer:

Kenia Emérita Batista Araúz

**Date of Foundation:**

**Are there other organisations of social workers in your country?**

- Yes  No

If yes, name those, which exist:

- Not applicable

**Total Membership:**

Categories of membership:

Full Members	400
Practitioners	
Academician	9
Associate Members	400

**Membership requirements:**

Please include information on minimum education and other requirements to become a member of your organisation:

Ser Licenciado en Trabajo Social

### Individual dues per category in USD

Category	Amount	Total Dues
Full Member		
Associate Member		
Total Membership income in USD		

### Number of paid staff:

### Duration, form and level of training for professional social workers and members of the association

Degree	Number of years of study
Bachelor	
Diploma/Certificate	400

### Is there a registry and licensing board for social work practice in your country?

Registry  Yes  No

Licensing  Yes  No

If so, is your association involved in the registry/licensing process?

Registry  Yes  No  
Licensing  Yes  No

Is your association involved in the approval of training courses?

Basic training  Yes  No  
Advanced and specialised training  Yes  No

**Are there other organisations of social workers in your country?**

Yes  No

**Does your association have publications**

Yes  No  Not applicable

Frequency:

Documents	Submitted
Constitution	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date:
By-Laws	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date:
Code of Ethics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date:
Concept paper	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Last annual report	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Last financial report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date:
Letter of Application	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date:

### Other information

List of Executive Members	Ver Documento de Registro Público
Person completing this form	Kenia Emérita Batista Araúz

I confirm, that the applying organisation supports the aspirations of the International Federation of Social Workers.

Date: 4 de abril de 2015

Signature:

