



Northern Ireland Social Care Council

Application Form for Additional Registration – Social Worker

Application form AF4 (NI) – for social workers already registered with the Northern Ireland Social Care council who require additional registration with another UK Social Care/Social Services Council

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Contents

	Page
Introduction	i
Applying for Additional Registration	ii
How to Complete the Application Form for Additional Registration	iii
Application Form AF4 (NI) - to Register with an Additional Social Care or Social Services Council, in the Part of the Register for Social Workers	1
Section 1 – Additional Registration (must be completed)	2
Section 2 – Your Personal Details	3
Section 3 – Employment Details	4
Section 4 – Disciplinary Record	6
Section 5 – Criminal Offences	6
Section 6 – Your Health	7
Section 7 – Personal Declaration (must be completed)	10
Health Report Consent Form	12

Introduction

Please read the accompanying guidance notes before you start to complete the application form enclosed at the back of this booklet. This application form contains all the information you need to request additional registration with another UK Social Care Council, or Social Services Council.

The four UK Social Care Councils, or Social Services Councils are:

- The Care Council for Wales
- The General Social Care Council
- The Northern Ireland Social Care Council
- The Scottish Social Services Council

(Please note **Lead Council** is defined as the Council with whom you first registered and to which you pay your registration fee.)

Applying for additional registration

You should only apply for additional registration if you are already registered with one of the four Social Care or Social Services Councils in the UK, and your work means that you are, or could be working in more than one UK country.

If you are not already registered with one of the Social Care or Social Services Councils in the UK, **do not** complete this form. You should contact the Council in the country where you wish to work, or intend to do most of your work and ask for form AF1.

How to Complete the Application Form for Additional Registration

Step 1

Please read the application form in full then complete the sections that are relevant to you. You should give details of any changes in your details since you completed your original application form with the Northern Ireland Social Care Council.

Step 2

You **must** complete Sections 1 and 7 of the application form and sign the personal declaration. (Only complete sections 2 - 6 if your details have changed since you completed your original application to NISCC.)

Step 3

Send the completed form to the Northern Ireland Social Care Council at the address below:

Northern Ireland Social Care Council
Registration Team
Millennium House
7th Floor
Great Victoria Street
BELFAST
BT2 7AQ

Telephone: 028 90 417633

Email: registration@niscc.n-i.nhs.uk

Website Address: www.niscc.info

Please contact us by phone or e-mail should you require information regarding completing the application form, or any other aspect of the registration process.

Application to Register with an Additional Social Care or Social Services Council, in the Part of the Register for Social Workers

Form Ref AF4 (NI))

✓ **Use this form if you are:**

- Already registered with NISCC and wish to apply for **additional** registration with another UK Social Care or Social Services Council

X **Do not use this form if:**

- You are applying to **transfer** your registration from the Northern Ireland Social Care Council to another UK Social Care or Social Services Council. Please request form AF3 (NI) from the Northern Ireland Social Care Council to facilitate transfer.
- You are applying to register for the first time. Please request form AF1 from the Council to whom you wish to apply.

Please Note

- Registration with another Council is not automatic. Each Council will make its own decisions regarding your suitability for registration.
- The **Lead Council** referred to in this application form is defined as the Council with whom you are currently registered.

Completing this additional registration form

The application form contains seven sections, which are listed below. You **must complete sections 1 and 7** of the application form.

You need only complete **sections (2 - 6) if your details have changed** since you completed your original application form with the Northern Ireland Social Care Council.

Section 1 – Additional registration	page 2 (must be completed)
Section 2 – Your personal details	page 3
Section 3 – Employment details	page 4
Section 4 – Disciplinary record	page 6
Section 5 – Criminal offences	page 6
Section 6 – Your health	pages 7 & 12
Section 7 – Personal declaration	page 10 (must be completed)

Section 1 – Additional Registration

Request for additional registration

Title: _____

Surname: _____

First name: _____

Other name(s): _____

I am currently registered with (tick against the appropriate Council and fill in your registration number):

- | | | |
|--------------------------|--------------------------------------|----------------------------|
| <input type="checkbox"/> | Care Council for Wales | Registration Number: _____ |
| <input type="checkbox"/> | General Social Care Council | Registration Number: _____ |
| <input type="checkbox"/> | Northern Ireland Social Care Council | Registration Number: _____ |
| <input type="checkbox"/> | Scottish Social Services Council | Registration Number: _____ |

I wish to apply for additional registration with the following Social Care or Social Services Council(s) (tick as appropriate):

- Care Council for Wales
- General Social Care Council
- Scottish Social Services Council

Reason for requesting Additional Country Registration (state details below)

Any information that has changed

If any information held about you has changed you should report the changes in sections 2 - 6 of this form, as appropriate. If any information is about to change, for instance you will be moving home or employment, please provide the dates of the move. There is also space on this form for you to do this.

If you are not clear about what changes you need to report on this form, please telephone the NISCC registration team on 028 9041 7633

I have no change of information to report

I have a change of information to report

Section 2 – Your Personal Details

If your name has changed since your original registration please state your previous name

Previous Name (if applicable): _____

If your home address or contact details have changed, or are about to change, please complete this section.

Date of Change: _____

Please enter your new home address here (if applicable):

Home Address: _____

Town/City: _____

Post Code: _____

As your Lead Council, the NI Social Care Council will send all correspondence to your home address unless otherwise indicated. Please tick this box should you wish it to go to your work address. []

Home Telephone Number: _____

Mobile Number: _____

E-mail address: (work) _____

(personal) _____

Section 3 – Employment Details

If your employment details have changed or are about to change, please complete this section.

Please give details of your new employment below. If you have not yet started in this employment, please indicate your start date in the space provided.

Type of Job

- Paid full time employment in social care/services
- Paid part time employment in social care/services
- Employed by a social care/services employment agency
- Voluntary full time employment in social care/services
- Voluntary part time employment in social care/services
- On secondment in social care/services
- Self employed in social care/services
- Employed in work outside social care/services
- Unemployed
- Other (please give details) _____

Job title: _____

Address of your place of work: _____

Town/City: _____

Postcode: _____

Phone Number: _____

E-mail: _____

Employer Name: _____

Employer Address: _____

Town/City: _____

Postcode: _____

Phone number: _____

Date you started this employment (or anticipated start date): (DD/MM/YY) _____

Section 4 - Disciplinary Record

If your disciplinary record details have changed, or are about to change, or are pending, please complete the relevant section.

Please give details of any changes that have occurred to your circumstances since completing your original application form.

Reason for disciplinary action	Outcome (if known)	Date	Employer, regulatory body, or other organisation involved

Section 5 - Criminal Offences

Please give details of any changes that have occurred since completing your original application form. This should include any fixed penalty road traffic offences or endorsements to your licence.

Details of offence	Date of conviction	Court where you were convicted	Sanction / Penalty applied

Data Protection Act 1998

The Northern Ireland Social Care Council is registered with the Information Commissioner and data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998.

The Data Controller is the Northern Ireland Social Care Council.

We will use the information that you provide to:

- Process your application
- Update and maintain the Register
- Keep in touch with you
- Process any matters relating to your registration (if your application is successful).

The following information will be available to general public, including on the Northern Ireland Social Care Council website:

- Your full name
- Your registration number
- The postal town (country) of your work address in the UK.

We will provide social service/care employers with information:

- About your full work address unless it is your home address, or the Northern Ireland Social Care Council are satisfied that the disclosure of the address could be reasonably expected to expose you to danger
- Your qualifications
- Any conditions imposed on your registration and any period of suspension from the Register.

We will also inform social service/care employers if you have been removed from the Register.

In the course of processing applications for registration, or maintaining the Register, where we have reasonable grounds for believing that an applicant or registrant may pose a risk to the public (for example through dishonesty, malpractice or other improper conduct), we may exchange relevant information about applicants and registrants with other Social Service/Care Councils, and other regulatory bodies and similar organisations in the United Kingdom and in other countries.

In any case where we share information about your application or your registration with an organisation outside the United Kingdom, we will only permit that organisation to process your personal data for the purposes of fulfilling regulatory responsibilities equivalent to the responsibilities of the Northern Ireland Social Care Council. In relation to information about you which we disclose in this way, any such organisation would be bound by security and confidentiality obligations equivalent to the obligations imposed on the Northern Ireland Social Care Council by the Data Protection Act 1998.

We will inform your employer of the outcome of your application and of the reasons for our decision.

If your application for registration is successful, we will inform your employer of any further decisions made in relation to your registration and the reasons therefore.

If the Northern Ireland Social Care Council finds that you have committed misconduct, we will share our findings by such means as we consider appropriate.

We also use the information in order to provide statistical reports on the Register of Social Workers, Social Care Workers and Students. These reports provide statistical data but do not identify individuals.

By signing and submitting this form you consent to the processing of your personal data in the ways described above.

Section 7- Personal declaration

I declare that:

- I have read, understood and agree to comply with the Code of Practice for Social Care Workers.
- I have read and accept the above data protection reference
- I have read the guidance notes enclosed with this application form
- All of the information that I have provided on this form is correct to the best of my knowledge and belief.
- I understand that the Council(s) to whom I am applying may refuse to register me if I have given false information and or have withheld relevant details.
- I understand that the Council(s) to whom I am applying may contact me about the information I have supplied.
- I understand that the Council(s) to whom I am applying will investigate allegations of misconduct relating to my work in their country that could call into question my registration.
- I agree that I must tell my Lead Council as soon as reasonably practical about any changes to information about me.
- I understand that if I fail to tell my Lead Council about any changes to the information about me, each of the Councils that I am registered with may consider this to be misconduct.
- I understand that, as a registered social care/services worker, I will be responsible for upholding and promoting the high standards of the social care/services workforce.
- I agree to the sharing of information between any of the relevant Councils to facilitate transfer or additional council registration.
- I agree to undertake the equivalent of 15 days post-registration training and learning and to show evidence that I have done so if asked by any of the Councils with whom I am registered.

Applicant's Signature: _____

Print Name: _____

Date:(DD/MM/YY) _____

Fees

No payment is required with this application form. Your next annual fee will be paid to your Lead Council only.

Additional Details

The Northern Ireland Social Care Council will facilitate your additional registration with the other Social Care or Social Services Council(s) that you have requested on page 2 of this application form.

We will also pass on any information that we hold regarding you to the Social Care or Social Services Council(s) you wish to register with. This information may include:

- Your application form or forms;
- Any material or documents associated with this application;
- Your application for renewal of registration (if applicable) and any material or documents associated with this renewal application;
- Any other material or documents or information relating to your registration;
- information about any conditions placed on your registration; and
- Information about any misconduct investigations.

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Northern Ireland Social Care Council
Registration Team
Millennium House
7th Floor
19-25 Great Victoria Street
BELFAST
BT2 7AQ

Telephone: 028 90 417633

Email: **registration@niscc.n-i.nhs.uk**

Website Address: **www.niscc.info**

Health Report Consent Form

You only need to fill in this form if you have declared a physical or mental health condition in Section 7 'Your Health'.

Consent for release of health information

To:

Name of Health Professional: _____

Address: _____

Town/City: _____

Postcode: _____

Phone number: _____

Health professional's position (e.g. general practitioner): _____

From:

Your name: _____

Home address: _____

Town/City: _____

Postcode: _____

Date of Birth (DD/MM/YY): _____

My consent

I give you consent to release information about my physical or mental health to the Northern Ireland Social Care Council.

The information you provide will relate to my physical and mental health and your opinion on its effect of my ability to work in social care.

The Northern Ireland Social Care Council will pay the fee for you to provide the report.

Signature: _____ Date: _____

NISCC August 2006