

Application to register

On the **social work** part of the Social Care Register

Please read the accompanying guidance booklet before filling in this form

Have you made an application to register with the NISCC before?

No Yes



Use this form if:

- ✓ You are a UK qualified social worker, e.g. you hold a qualification such as a Degree in Social Work, a Diploma in Social Work, a Certificate of Qualification in Social Work etc (see guidance notes for more details)
- ✓ You wish to register to practise as a social worker in Northern Ireland

Do not use this form if:

- ✗ You **do not** hold a recognised Social Work qualification (see guidance notes for more details)
- ✗ You have a social work qualification awarded outside the UK, you should use form AF2(NI).
- ✗ You are a social work student. You should use form AF5(NI).
- ✗ You are a social worker. You should use form AF8(NI).
- ✗ You are already registered with:
 - The Care Council for Wales
 - The General Social Care Council
 - The Scottish Social Services Council

If you are already registered with one of these councils and wish to apply for **additional** registration with the NISCC, you should use form AF4(NI).

If you are already registered with one of these councils and wish to **transfer** your registration to the NISCC, you should use form AF3(NI).

Registration Helpline

Please contact the registration helpline should you require any assistance with completing this form.

Helpline open
Monday-Friday 10.00-12.00
and 14.00-16.00

Telephone number:
028 9041 7633

Email:
registration@nisocialcarecouncil.org.uk

Information about registration is also available on our website:
www.niscc.info

For office use only

Name:.....

.....

SCR No:

.....

.....

.....

.....

.....

.....

.....

.....

Title
 Mr, Mrs, Miss, Ms, Dr, Other
(please delete/insert as appropriate)

Surname

First name

Middle name(s)

.....

Please state the full name you are known as in your place of work

.....

Date of birth (dd/mm/yyyy)/...../.....

Gender Male Female

Home address

.....

.....

Town/city

..... Postcode

All our correspondence will be sent to your home address unless otherwise indicated. Please tick this box should you wish it to go to your work address.

Contact Details

Home phone number

Work phone number

Mobile phone number

Email address

*It is important that we are able to contact you. You must provide at least **one** preferred method of contact. You can supply more if you wish.*

Other/previous names

Have you ever been known by any other names?
(e.g. married name, maiden name)

No Yes

If yes, please state those names below:

Should you require more space, please continue on a separate sheet of paper and tick this box

National Insurance Number

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Password

Password prompt (a question to help you remember your password)

We ask for these details to help us confirm your identity should you contact us by telephone regarding your application

If you are a qualified social worker, we need to know which social work qualification you hold.

Please tick against the relevant qualification in the list of NISCC recognised social work qualifications below.

- Diploma in Social Work (DipSW) awarded by one of the following bodies:
 - Central Council for Education and Training in Social Work (CCETSW)
 - Northern Ireland Social Care Council
 - General Social Care Council
 - Care Council for Wales
 - Scottish Social Services Council
- Certificate of Qualification in Social Work (CQSW) awarded by CCETSW
- Certificate in Social Services (CSS) awarded by CCETSW
- Certificate in Social Work awarded by the Council for Training in Social Work
- Satisfactory completion of a course recognised by the Association of Psychiatric Social Workers:
- Probation Certificate or satisfactory completion of courses recognised by the Advisory Council for Probation and Aftercare
- Certificate or satisfactory completion of a course recognised by the Institute of Medical Social Workers (previously known as the Institute of Almoners)
- Certificate in Child Care or Home Office letter of recognition in child care issued by the Home Office Central Training Council
- Letter of comparability to the Certificate of Qualification in Social Work
- Other professional social work qualification (gained in the UK)

If 'other' please give the full title of your award below:

Name of the awarding body (e.g. CCETSW)

When did you study for this qualification? (dd/mm/yyyy)

Date of award (dd/mm/yyyy)

Certificate number (if known)

Your name when you qualified

You must hold a recognised social work qualification to register as a social worker. We will check your qualifications against our records.

We can verify awards of DipSW, CQSW, CSS and CSW. If you hold one of these awards, there is no need for you to send in a copy of your certificate to verify your qualification. However, we cannot verify any of the other equivalent awards therefore a photocopy of your certificate of award should be submitted with your application.

If you do not know your certificate number, please leave this box blank.

Section 3 Current employment

Please tick the box that best describes your current employment and give the details we ask for in the appropriate section. **Please note, more than one box may apply.**

I am employed in social care work

If you are employed in social care by more than one social care employer:

- Enter the details of the employer you spend most time with in the first space
- Enter details of the employer you spend the next greatest amount of time with in the second space
- If you have more than two social care employers, please provide their details on a separate sheet.

Employer details

Second employer details (If appropriate)

Your job title

Your job title

Employer's name

Employer's name

Employer's phone number

Employer's phone number

Employment address

Employment address

(i.e. address of the place where you work)

(i.e. address of the place where you work)

.....

.....

.....

.....

Town/city

Town/city

..... Postcode

..... Postcode

Employer's head office address

Employer's head office address

(if different to address above)

(if different to address above)

.....

.....

.....

.....

Town/city

Town/city

..... Postcode

..... Postcode

Date you started this job (dd/mm/yyyy)

Date you started this job (dd/mm/yyyy)

...../...../.....

...../...../.....

I am employed in social care work through a recruitment agency

Your job title

Recruitment agency's name

.....

.....

Agency's phone number

Agency's address

.....

.....

Town/city

..... Postcode

Date you started work with this agency

(dd/mm/yyyy)/...../.....

Name and address of organisation where you are currently working

.....

.....

Organisation phone number

I am employed outside social care

You should complete this section if you are a qualified social worker but you are not currently working in social care e.g. a social work lecturer

Your job title

Type of work you do

.....

.....

Employer's name

Employer's phone number

Employment address

(i.e. address of the place where you work)

.....

.....

Town/city

..... Postcode

Date you started this job (dd/mm/yyyy)

...../...../.....

I am self-employed

Type of work you do

.....

.....

Business name (if appropriate)

Business phone number (if appropriate)

Business address (i.e. address of the place where you work from)

.....

.....

Town/city

..... Postcode

Date you became self-employed (dd/mm/yyyy)

...../...../.....

I am on a secondment

Your job title

Name of organisation you are seconded to

.....

Organisation's phone number

Employment address (i.e. address of the place where you work)

.....

.....

Town/city

..... Postcode

Employer's head office address (if different to address above)

.....

.....

Town/city

..... Postcode

Date you started this secondment (dd/mm/yyyy)

...../...../.....

*You should complete this section if you are on secondment. You must **also** tell us the employer you are seconded from on the previous page*

I am currently unemployed

Date you stopped work (dd/mm/yyyy)/...../.....

Section 5 Other regulatory bodies

Are you currently, or have you ever been, registered with one of the regulatory bodies in the list on the right?

No Yes, currently Yes, previously

Name of regulatory body

.....

Name you are/were registered under

.....

Registration number or equivalent

Dates registered (dd/mm/yyyy)

From/...../..... To/...../.....

Reason for not continuing this registration (if applicable)

.....

.....

.....

Are you currently, or have you ever been, registered with a regulatory body, or licensing association outside of the UK?

No Yes, currently Yes, previously

Name and address of regulatory body or licensing organisation

.....

.....

.....

Name you are/were registered or licensed under

.....

What are/were you registered or licensed as?

.....

Registration, licence or equivalent reference number

.....

Dates registered (dd/mm/yyyy)

From/...../..... To/...../.....

Reason for not continuing this registration (if applicable)

.....

.....

.....

- British Psychological Society (chartered membership only)
- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- General Teaching Council
- General Teaching Council for Northern Ireland
- General Teaching Council for Scotland
- General Teaching Council for Wales
- Health Professions Council
- Nursing and Midwifery Council
- Pharmaceutical Society of Northern Ireland
- Royal Pharmaceutical Society of Great Britain

YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION

The Rehabilitation of Offenders (Northern Ireland) Order 1978 and people in social care work

The Rehabilitation of Offenders (Northern Ireland) Order 1978 allows some criminal offences to become spent after a fixed period. However, for occupations in social care, the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979 requires you to declare convictions even if they are spent.

Have you ever been convicted of a criminal offence in the UK, or any other country? No Yes
If yes, please give details.

Details of conviction	Date of conviction (dd/mm/yyyy)	Details of sentence	Court where you were convicted

Do you have a formal criminal charge pending in the UK, or any other country? No Yes
If yes, please give details.

Details of charge	Date of charge (dd/mm/yyyy)	Police station

Have you ever received a formal caution or been bound-over in the UK, or any other country?
No Yes If yes, please give details.

Details	Date (dd/mm/yyyy)	Police station / court

Have you ever been investigated as a perpetrator of child or adult abuse?
No Yes If yes, please give details. If possible, please provide the approximate dates.

Applicants **must** disclose all details on their application form of any caution, binding-over, conviction or pending charges. Failure to do so may affect your registration.

The NISCC reserves the right to request a Criminal Record Check (CRC) from Access (NI) if an employer has not carried out this check.

Formal Caution

A formal caution is an official warning given by a police officer to someone who has committed a criminal offence. It is recorded and will be taken into account by the police or by the court when considering how to deal with any further offences.

Conviction

A conviction is a record of having been found guilty of committing a criminal offence. Accordingly:

- a) If someone is recorded by a court as being guilty of committing a criminal offence he is said to have been 'convicted' by the court of committing the offence; and
- b) If someone is said to have a 'conviction' of an offence, he has a record of having been found guilty by the court of that offence.
- c) As this refers only to those matters heard by a court which result in a conviction made subsequently, on-the-spot fines or penalty points need not be disclosed.

Spent Conviction

This is where, after a certain amount of time, a conviction for an offence need not be disclosed to employers and cannot be taken into account by, for instance, the courts. The amount of time which must pass before a conviction is treated in this way varies and depends on a number of factors, such as, the nature and the seriousness of the offence or the sentence imposed. In any event, once sufficient time has passed the conviction is referred to as 'spent'. However, under the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, 'spent' convictions must be disclosed to an employer where the post involves working with children or other vulnerable groups.

Bound Over

If a person is found guilty of an offence in the Magistrate's Court, the Magistrate has a number of options. One of these options is to order the guilty party not to commit any more offences within a certain period on the basis that if further offences are committed during that period those further offences will be dealt with more harshly. This is called 'binding over' an offender.

In order to complete the registration process, we require that your application has been both **verified** and **endorsed** by your employer.

What is verification?

Verification enables the NISCC to be certain of your identity.

In order to do this, your employer will need photocopies of your original birth certificate and one other form of current photographic identification. Your employer will check the photocopies against the originals and then sign the photocopies to confirm your identification.

Please read the Guidance Notes accompanying this application form for more information

What is endorsement?

Endorsement assures the NISCC that there is no reason why you should not be considered suitable for registration.

In order to do this, your employer will be asked to sign a declaration in section 8b of the application form.

Please read the Guidance Notes accompanying this application form for more information

What do you have to do?

You should pass the information listed below to your employer:

- This application form (with sections 1-7 completed)
- A copy of the *Guidance Notes for Verifying, Endorsing and Countersigning* (the blue booklet provided in the application pack)
- The original copies of your birth certificate and one other accepted form of current photographic identification (see the Guidance Notes for a full list of accepted forms of photographic identification)
- Photocopies of your birth certificate and one of the other listed forms of current photographic identification

**THIS SECTION OF THE APPLICATION FORM MUST
BE COMPLETED BY YOUR EMPLOYER.**

Title (Mr Mrs Ms etc)

Surname

First and middle names

.....

Job title

← Only to be completed by the person verifying your identification documents. For further information, please see the leaflet **Guidance notes for verifying, endorsing and countersigning.**

To verify this application

Check the original copies of the applicant's birth certificate and one form of current photographic identity from the list below. Please sign and date a photocopy of each.

- The applicant's birth certificate
- And, one of the following forms of current photographic identity:
 - The photographic identity page in the applicant's passport
 - The applicant's photographic driving licence
 - The applicant's photographic identity card from one of the armed forces
 - Photo identity card (EU countries only)
 - Electoral card

Signature

.....

← Only to be signed by the person verifying the above identification documents.

Title (Mr Mrs Ms etc)

Surname

First name

*Only to be completed by the person endorsing this application form. (PLEASE NOTE: this person must be authorised by your organisation and the NISCC). For further information, please see the leaflet **Guidance notes for verifying, endorsing and countersigning.***

Name of your organisation

.....

Your position in the organisation

.....

About the organisation

Address

.....

Town/City

Postcode

Work phone number

Work email

How do you know the applicant?

(Please tick the correct description)

I am a senior representative of the applicant's social care employer (not a recruitment agency).

I am a senior representative of the recruitment agency the applicant works for

I am a senior representative of the social care employer from which the applicant is seconded

I am a person equivalent to a senior representative of a social care employer

Other (please give details)

.....

How long has the applicant worked for this organisation? (If relevant)

.....

How long have you known the applicant?

.....

*Please note the endorser **must not** be a relative or family member.*

In signing this form, you are stating that you endorse this applicant for registration on the NISCC Social Care Register.

Please use this space to give details of any current disciplinary investigation or finding against the applicant or any further information that you believe might affect the applicant's suitability for registration.

Empty box with horizontal dashed lines for providing details of disciplinary investigations or findings.

← Only to be completed by the person endorsing this application form. For further information, please see the leaflet *Guidance notes for people verifying, endorsing and countersigning.*

Read and sign this declaration

I declare that:

- I have read the *Guidance notes for people verifying, endorsing and countersigning applications for registration on the Social Care Register*
- The applicant has provided the original documents required and my nominated representative or I have checked these
- I am not aware of any reason why the applicant should not be registered on the Social Care Register
- I understand that the Northern Ireland Social Care Council may wish to contact me about some or all of the information I have provided

**Criminal Record Check Confirmation
Endorser Declaration**

I declare that:

- A Criminal Record Check has been carried out on this applicant and I am not aware of any reason why the applicant should not be registered on the Social Care Register.
- A Criminal Record Check has **not** been carried out on this applicant.

Signature

Empty box for signature

Date

Empty box for date

*Please give this form back to the applicant with the **signed and dated** photocopies of the applicant's birth certificate and other selected forms of photographic identity.*

Section 9 Countersigning this application
This section is only relevant to people who have more than one job in social care or people who are on secondment

Title (Mr, Mrs, Ms etc)
Surname
First Name

*Only to be completed by the person countersigning this application form. For further information, please see the leaflet **Guidance notes for verifying, endorsing and countersigning.***

How do you know the applicant?

- I am a senior representative of the applicant's social care employer.
- Other (please give details)

.....

Name of the organisation

.....

What is your position in the organisation?

.....

About the organisation

Address
.....
Town/City
Postcode
Work phone number
Work email

How long has the applicant worked for this organisation?

.....

How long have you known the applicant?

.....

To countersign this application:

Read and sign this declaration

I am not aware of any reason why the applicant should not be registered on the Social Care Register.

Signature

Date

YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION

1. Please indicate below if you have a physical or mental health condition that may affect your ability to undertake your work in social care:

- Do you suffer from conditions that may cause seizures or sudden loss of consciousness or sudden physical incapacity?

No Yes

If Yes, please specify.

- Do you have any ongoing mental health problems for which you are currently receiving treatment from a GP or specialist?

No Yes

If Yes, please specify.

- Do you or have you had a history of substance or alcohol dependence, including a dependence for which you are seeking treatment?

No Yes

If Yes, please specify.

2. If you have answered 'Yes' to any of the above, have you had an occupational health assessment that has taken account of the above condition(s)?

No Yes

If you have answered **Yes**, please provide a copy of the Occupational Health Report Fitness Certificate or similar documentary evidence. You may be able to obtain this form from your Human Resources or Occupational Health Department. Please ensure this is endorsed by your employer.

If you have answered **No**, please complete **Your consent to a health report** below.

Your Consent to a health report

If you have declared a health condition, and you have not had an occupational health assessment carried out, we will need to ask for a health report about you from your general medical practitioner or any other health professional who knows about your health condition. This report will be obtained by the NISCC's occupational health advisers and will remain confidential.

← *Health consent forms are available in section 11.*

Do you wish to give consent to a health report? No Yes

Section 11 Health consent form

You only need to fill in this form if you have declared a physical or mental health condition in section 10

To:

Name of health professional

.....

Address

..... Postcode

Phone number

Health professional's position

Such as general practitioner or hospital consultant

From:

Your name

Home address

.....

.....

Postcode

Date of birth (dd/mm/yyyy)

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 on my ability to work in social care.

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

Signature

Date

Section 11 Health consent form

You only need to fill in this form if you have declared a physical or mental health condition in section 10

To:

Name of health professional

.....

Address

..... Postcode

Phone number

Health professional's position

Such as general practitioner or hospital consultant

From:

Your name

Home address

.....

.....

Postcode

Date of birth (dd/mm/yyyy)

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 on my ability to work in social care.

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

Signature

Date

I declare that:

- I have read the application pack that is enclosed with this application form.
- All of the information I have provided on this form is correct to the best of my knowledge and belief.
- I understand that the Northern Ireland Social Care Council can refuse to register me if I have given false information or have withheld relevant details.
- I understand that the Northern Ireland Social Care Council may contact me or the people who have verified, endorsed and countersigned (if applicable) my application about information in my application.
- I understand that the Northern Ireland Social Care Council will investigate allegations of misconduct against me that could call into question my registration.
- I undertake to tell the Northern Ireland Social Care Council as soon as reasonably practical about:
 - any changes to my health that may affect my suitability to work in social care, including in management positions, in social care education and training, and in contact with service users
 - any events that call into question my good character such as criminal convictions, criminal proceedings or formal cautions that I receive
 - any disciplinary action taken against me
 - any changes to my personal details.

I understand that if I fail to tell the Northern Ireland Social Care Council about any changes to the information in my application, the Council may consider this to be misconduct.

I have read, understand and agree to comply with the Code of Practice for Social Care Workers.

I understand that, as a registered social worker, I will be responsible for upholding and promoting the high standards of the social care profession.

Name

Signature

Date

This form must be signed and dated otherwise it will not be considered a valid application.

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

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 the general public, including on the Northern Ireland Social Care Council website:

- your full name and title (including previous name, if any)
- your registration number
- the postal town of your work address

If requested we will provide social care employers with information held by the Northern Ireland Social Care Council about your qualifications.

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

We will provide social care employers with information about:

- any conditions imposed on your registration
- any periods of interim suspension orders
- any admonishments or period of suspension at any time.

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

Information will be shared between social care councils of the UK on a routine basis if you apply to move your registration from one country within the UK to another.

From time to time the Northern Ireland Social Care Council receives requests from other Social Care Councils in the UK, other regulatory bodies and other organizations for information about applicants and registrants and, where the terms of the Data Protection Act allow it, your personal data may be disclosed to such organisations. In any case, where we share information about your application or your registration with another organization, we will only do so where we are satisfied that the organization is itself under a duty to comply with the requirements of the Data Protection Act 1998 or with comparable legislation.

We also use the information in order to monitor trends and provide reports on the Northern Ireland Social Care Council Register. These reports provide statistical data but do not identify individuals.

If the Northern Ireland Social Care Council finds that you are guilty of misconduct we will share our findings by any means we consider appropriate as permitted by the terms of the Data Protection Act 1998.

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

- Information provided on this form will be treated with confidentiality
- We will use the information to help us ensure that all applicants and registrants are treated fairly and equitably
- We will not use the information to help us to decide whether you are suitable for work in social care
- You do not have to fill in this form to apply for registration

Your job title

Gender

Female Male Transexual

Date of Birth

Marital status

Single Married / Civil Partnership Separated / Divorced Widowed

Dependents

Do you have any dependents e.g. a child or a young person, a person with a long-term physical or mental health problem, or a dependent elderly person?

No Yes

Religious affiliation

Public authorities and private sector employers registered with the Equality Commission have a legal duty to monitor community background under the Fair Employment and Treatment (NI) Order 1998. The direct question used on the monitoring form is:

Regardless of whether we practise religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below:

- I am a member of the Protestant community
- I am a member of the Roman Catholic community
- I am a member of neither the Protestant nor Roman Catholic community

Please specify

Ethnicity

Please tick the appropriate box to indicate your ethnic origin and specify your nationality:

White Chinese Irish Traveller Indian Pakistani
Bangladeshi Black-Caribbean Black African Mixed ethnic group

Any other ethnic group (Please describe)

Nationality (Please describe)

Disability

In accordance with the Disability Discrimination Act 1995, a disability is defined as 'a physical or mental impairment that has substantial and long term adverse effect on your ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? No Yes

If yes, please specify the nature of your disability and provide details of your specific requirements so that we can make necessary reasonable adjustments or adaptations that will improve your access to our services.

Any other comments

Would you like to comment on any of the above questions?

