

# Application Form for Registration

# with the Northern Ireland Social Care Council for social workers trained and qualified outside the UK

###### Please read the ‘General Guidance Notes for social workers trained and qualified outside the UK’ before filling in this form.

###### USE THIS FORM IF:

You are a social worker who has trained and qualified outside the UK.

###### DO NOT USE THIS FORM IF:

You already have a qualification recognised in the UK.

###### Please answer all questions or your form

**The Northern Ireland Social Care Council does not tolerate fraud. Applicants that submit false qualifications, enhance their grades, or submit other false documents in order to gain registration are committing a criminal offence. It is our policy to refer all such matters to the police.**

###### will be returned as incomplete.

Date Received -

###### Customer Services Helpline

If you require assistance with any section of the form, please contact the Customer Service Helpline.

**Telephone Number:** +44 28 9536 2600

**Email:** info@niscc.hscni.net

**Website**: [www.niscc.info](http://www.niscc.info/)

Northern Ireland Social Care Council

7th Floor Millennium House

19-25 Great Victoria Street

Belfast

BT2 7AQ

###### Data Protection

Information in this form will be treated as confidential. The Northern Ireland Social Care Council is registered with the Information Commissioner (Ref ZA008052) and data supplied by you in this form will be processed in accordance with the provisions of the Data Protection Act. The full data protection statement is included in the accompanying guidance booklet and can also be accessed on our website.

# What you need to know before filling in application:

###### The form MUST be typed in English.

###### Handwritten forms will be returned to you.

###### An application fee of £350 must be paid before the application can be processed (see guidance for methods of payment).

###### Before you start to fill in this form, make sure you have the following documents to refer to:

* General Guidance Notes for social workers trained and qualified outside the UK
* The Northern Ireland Social Care Council Standards of Conduct and Practice for Social Workers.

Once you have familiarised yourself with the guidance, gather together all of the relevant supporting documentation you might need as listed below:

###### Supporting Documents:

**Identification Documents (MUST be provided):**

1 A copy of your Passport (mandatory)

2 A copy of **one** of:

|  |  |
| --- | --- |
| * Birth Certificate
* A copy of the entry of birth in a register
* Marriage or Civil Partnership Certificate
* Adoption Certificate
* European National identity Card
 | * Armed Forces Identity Card
* Certificate of British Nationality
* Naturalisation Certificate
* Secondary School Certificate (India)
 |

3 If a work permit or visa is required to work in the UK, a copy of this must be provided.

**Other documents you will need to provide:**

Qualification Certificate

Course Transcript

Diploma Supplement

Job Descriptions

CVs

###### Translation to English

See guidance regarding translation of documents.

###### You are now ready to fill in the form. All questions must be answered in English unless we have asked for the original language.

# Section 1

# Your Details

## Social Care Register number

If you have previously applied for or been registered on the Northern Ireland Social Care Council Register or one of the other Social Care Councils, please indicate which Council by ticking the box and provide your reference/registration number.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Northern Ireland |  | England |  | Scotland |  | Wales |

|  |  |
| --- | --- |
| Your reference number |  |

## Your personal details

Please apply in the name you wish to be registered as:

|  |  |
| --- | --- |
| Title (Mr/Mrs/Miss/Dr/Other) |  |
|  |  |
| First and Middle name(s) (in full) |  |
|  |  |
| Last name |  |
|  |  |
| Date of birth |  |
|  |  |
| Place of birth (Country) |  |
|  |  |
| National Insurance Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender: Male |  | Female |  |

## Previous names

Have you ever been known by any names other than those given above?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No |  | Yes |  |  If yes, what were those other names? |

|  |  |
| --- | --- |
| Full previous name |  |
|  |  |
| Full previous name |  |

## Nationality

|  |  |
| --- | --- |
| Your nationality/nationalities |  |

# Section 1

# Your Details (continued)

## Your contact details outside the UK (if applicable)

It is important that we are able to contact you. You must provide a valid mobile phone number or email. In providing these details, you consent to their use in connection with NISCC registration.

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| City/Town: |  |
|  |  |
| Country: |  |
|  |  |
| Postal Code: |  |

|  |  |
| --- | --- |
| Landline phone number: |  |
|  |  |
| Mobile phone number: |  |
|  |  |
| Work Email: |  |
|  |  |
| Home Email: |  |

## Your contact details in the UK (if known/applicable)

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| City/Town: |  |
|  |  |
| County: |  |
|  |  |
| Postal Code: |  |

## Future Communication

If we need to contact you about your application, please tell us which contact details we should use:

|  |  |  |  |
| --- | --- | --- | --- |
| Outside the UK |  | Inside the UK |  |

###### All correspondence from the Northern Ireland Social Care Council will be in English

# Section 2

# Your Social Work Qualification

There are two parts to this section. **Part A** asks questions about your social work qualification. **Part B** asks for more detailed information about your assessed placements. You must complete both **Parts A & B**.

If you need to tell us about more than one professional social work qualification that you have successfully completed, we have included two sections for each for space to do so.

### Part A1

### General Information about your first qualification

|  |
| --- |
| 1. In which country did you complete your training in social work?
 |
|  |
| 1. What is the title of your social work qualification in the **original language** as it appears on the evidence of your social work qualification, including any specialisation?
 |
|  |
| 1. What is the title in **English** of your social work qualification, including any specialisation?
 |
|  |
| 1. What is the awarding date of your social work qualification?
 |
|  |
| 1. What is the name in the **original language** of the educational institution where you studied?
 |
|  |
| What is the name in **English** of the educational institution where you studied? |
|  |

# Section 2

# Your Social Work Qualification (continued)

Please provide contact details for a person at the educational institution to verify your qualification

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Job Title: |  |
|  |  |
| Address: |  |
|  |  |
| Country: |  |
|  |  |
| Educational institution’s main contact number (with dialling codes): |  |
|  |  |
| Enquiries contact number (with dialling codes): |  |
|  |  |
| Educational institution’s website address: |  |
|  |  |
| Email address: |  |

1. Is the body that awarded your social work qualification **different** to the educational institution where you studied?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If yes, what is the name in the **original language** of the awarding body? |
|  |
| What is the name in **English** of the awarding body? |
|   |

|  |  |
| --- | --- |
| Organisation Name: |  |
|  |  |
| Address: |  |
|  |  |
| Country: |  |
|  |  |
| Educational institution’s main contact number (with dialling codes): |  |
|  |  |
| Enquiries contact number (with dialling codes): |  |
|  |  |
| Educational institution’s website address: |  |
|  |  |
| Email address: |  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| 1. What were the entry requirements for your course?
 |
|  |
| 1. What were the start and end dates of your course?
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  | End Date |  |
| 1. What was your mode of study?
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Full-time |  | Part-time |  | Distance Learning |

###### If you have a second social work qualification – go to page 8.

###### If you do not have a second qualification – go to page 11 and fill in Part B.

# Section 2

# Your Social Work Qualification

######  If you have a second qualification – fill in Part A2 below.

###### If you do not have a second qualification – go to page 11 and fill in Part B.

### Part A2

### General Information about your first qualification

|  |
| --- |
| 1. In which country did you complete your training in social work?
 |
|  |
| 1. What is the title of your social work qualification in the **original language** as it appears on the evidence of your social work qualification, including any specialisation?
 |
|  |
| 1. What is the title in **English** of your social work qualification, including any specialisation?
 |
|  |
| 1. What is the awarding date of your social work qualification?
 |
|  |
| 1. What is the name in the **original language** of the educational institution where you studied?
 |
|  |
| What is the name in **English** of the educational institution where you studied? |
|  |

# Section 2

# Your Social Work Qualification (continued)

Please provide contact details for a person at the educational institution to verify your qualification

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Job Title: |  |
|  |  |
| Address: |  |
|  |  |
| Country: |  |
|  |  |
| Educational institution’s main contact number (with dialling codes): |  |
|  |  |
| Enquiries contact number (with dialling codes): |  |
|  |  |
| Educational institution’s website address: |  |
|  |  |
| Email address: |  |

1. Is the body that awarded your social work qualification **different** to the educational institution where you studied?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If yes, what is the name in the **original language** of the awarding body? |
|  |
| What is the name in **English** of the awarding body? |
|   |

|  |  |
| --- | --- |
| Organisation Name: |  |
|  |  |
| Address: |  |
|  |  |
| Country: |  |
|  |  |
| Educational institution’s main contact number (with dialling codes): |  |
|  |  |
| Enquiries contact number (with dialling codes): |  |
|  |  |
| Educational institution’s website address: |  |
|  |  |
| Email address: |  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| 1. What were the entry requirements for your course?
 |
|  |
| 1. What were the start and end dates of your course?
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  | End Date |  |
| 1. What was your mode of study?
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Full-time |  | Part-time |  | Distance Learning |

# Section 2

# Your Social Work Qualification (continued)



### Part B1

### Information about your assessed placements

1. As part of your social work training, were your placements supervised and assessed by a qualified social worker?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

1. Please provide the following information about your social work training:

How many supervised and assessed practice placements in a social work role did you complete?

|  |  |
| --- | --- |
|  Total number of placements |  |
|  |  |
| What was the total number of days you completed in supervised and assessed practice placements in a social work role (six hours is counted as a day)? |
|  |  |
|  Total number of days |  |

##

## Placement 1

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B1

### Information about your assessed placements

## Placement 2

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B1

### Information about your assessed placements

## Placement 3

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B1

### Information about your assessed placements

## Placement 4

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B1

### Information about your assessed placements

## Placement 5

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B1

### Information about your assessed placements

## Placement 6

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

**IF YOU HAVE A SECOND QUALIFICATION – FILL IN RELEVANT PLACEMENTS ON THE FOLLOWING PAGES, OTHERWISE PLEASE GO TO PAGE 35.**

### Part B2

### Information about your assessed placements

1. As part of your social work training, were your placements supervised and assessed by a qualified social worker?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

1. Please provide the following information about your social work training:

How many supervised and assessed practice placements in a social work role did you complete?

|  |  |
| --- | --- |
|  Total number of placements |  |
|  |  |
| What was the total number of days you completed in supervised and assessed practice placements in a social work role (six hours is counted as a day)? |
|  |  |
|  Total number of days |  |

##  Placement 1

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B2

### Information about your assessed placements

## Placement 2

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B2

### Information about your assessed placements

## Placement 3

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B2

### Information about your assessed placements

## Placement 4

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B2

### Information about your assessed placements

## Placement 5

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

### Part B2

### Information about your assessed placements

## Placement 6

|  |
| --- |
| Which organisation provided your placement? |
|  |
| Please provide name and contact details for your supervisor at this placement: |
|   |
| What was the total number of assessed placement days that were supervised by a qualified social worker? |
| Days:  |
| What area of social work did you work in? |
|  | Children and Young People |  | People with Disabilities |
|  |  |  |  |
|  | Mental Health |  | Older People |
|  |  |  |  |
|  | Criminal Justice |  | Other (please specify)  |

# Section 2

# Your Social Work Qualification (continued)

|  |
| --- |
| What were your roles and responsibilities on this placement? |
|   |

 Did you have input from a tutor during this placement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No  |

|  |
| --- |
| If no, please tell us what support you had from your educational institution: |
|  |

# Section 2

# Your Social Work Qualification (continued)

If you completed fewer than 130 days of practice placements in your social work qualification, please tell us about any relevant post-qualifying social work employment. You will be able to tell us more about the detail of each employment in Section 3.

| **Dates** | **Employer name and contact details** | **Number of days (six hours is counted as a day)** |
| --- | --- | --- |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section 2

# Your Social Work Qualification (continued)

| **Dates** | **Employer name and contact details** | **Number of days (six hours is counted as a day)** |
| --- | --- | --- |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section 3

# Employment

If you are currently working, please enter your employer’s details as appropriate.

Please tick the description that best describes your current employment status.

|  |  |
| --- | --- |
|  | Employed in social work/care  |
|  |  |
|  | Employed outside social work/care |
|  |  |
|  | Unemployed (go to Section 4) |

If you are employed in social care through a recruitment agency, please provide the details of this under ‘Employer’s Head Office Address’ and the organisation where you are currently working under ‘Employment Address’.

If you work for more than one employer, give the details of the job and the employer you spend most of you working time with under Employer 1. Give details about the job and the employer you spend the next greatest amount of working time with under Employer 2.



## Current Employer 1 (where you spend most of your working time)

|  |
| --- |
| Your job title in English: |
|  |
| Date you started this job: |
|  |

|  |  |
| --- | --- |
| Employer/Organisation Name: |  |
|  |  |
| Address of your place of work: |  |
|  |  |
| Employment Phone Number (with dialling codes): |  |
|  |  |
| Website Address: |  |
|  |  |
| Email Address: |  |
|  |  |
| Employer Head Office Address (including organisation name if a recruitment agency): |  |

# Section 3

# Employment (continued)

## Current Employer 1

|  |
| --- |
| Description of your role and responsibilities: |
|  |

# Section 3

# Employment (continued)

## Current Employer 1

###### Work Setting – Please tick the box which applies to your employing organisation (choose one only).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Commissioning  |  | Hospital  |
|  | Court |  | Management/corporate |
|  | Day Care |  | Prison(s)ecure accommodation |
|  | Education(s)chools |  | Regulation  |
|  | Fieldwork/Community |  | Residential Living  |
|  | Further/Higher education  |  | Supported Living |
|  | Governance learning & development |  | Other:  |
|  | Health/Health and Wellbeing Centre |  |  |

###### Work Focus – Please tick the box which best describes the focus of your work (choose one only).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Acute |  | Education  |
|  | Adoption/Fostering |  | Family Intervention |
|  | Adult Disability  |  | Homelessness |
|  | Adult Learning Disability |  | Justice – Criminal  |
|  | Adult Physical Health  |  | Justice – Restorative  |
|  | Adult Safeguarding  |  | Justice – Youth  |
|  | Children & Adolescent Mental Health Service |  | Looked After Children  |
|  | Care Management  |  | Mental Health/Addiction |
|  | Children’s Disability  |  | Older People  |
|  | Children’s Learning Disability  |  | Primary Care  |
|  | Children’s Physical Health  |  | Sensory Services  |
|  | Community Development  |  | Service Development  |
|  | Dementia |  | Specialist Centre |
|  | Domiciliary  |  | Training/Education/Governance |
|  | Early Years |  | Other  |

# Section 3

# Employment (continued)

## Current Employer 2

|  |
| --- |
| Your job title in English: |
|  |
| Date you started this job: |
|  |

|  |  |
| --- | --- |
| Employer/Organisation Name: |  |
|  |  |
| Address of your place of work: |  |
|  |  |
| Employment Phone Number (with dialling codes): |  |
|  |  |
| Website Address: |  |
|  |  |
| Email Address: |  |
|  |  |
| Employer Head Office Address (including organisation name if a recruitment agency): |  |

|  |
| --- |
| Description of your role and responsibilities: |
|  |

# Section 3

# Employment (continued)

## Current Employer 2

###### Work Setting – Please tick the box which applies to your employing organisation (choose one only).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Commissioning  |  | Hospital  |
|  | Court |  | Management/corporate |
|  | Day Care |  | Prison(s)ecure accommodation |
|  | Education(s)chools |  | Regulation  |
|  | Fieldwork/Community |  | Residential Living  |
|  | Further/Higher education  |  | Supported Living |
|  | Governance learning & development |  | Other:  |
|  | Health/Health and Wellbeing Centre |  |  |

###### Work Focus – Please tick the box which best describes the focus of your work (choose one only).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Acute |  | Education  |
|  | Adoption/Fostering |  | Family Intervention |
|  | Adult Disability  |  | Homelessness |
|  | Adult Learning Disability |  | Justice – Criminal  |
|  | Adult Physical Health  |  | Justice – Restorative  |
|  | Adult Safeguarding  |  | Justice – Youth  |
|  | Children & Adolescent Mental Health Service |  | Looked After Children  |
|  | Care Management  |  | Mental Health/Addiction |
|  | Children’s Disability  |  | Older People  |
|  | Children’s Learning Disability  |  | Primary Care  |
|  | Children’s Physical Health  |  | Sensory Services  |
|  | Community Development  |  | Service Development  |
|  | Dementia |  | Specialist Centre |
|  | Domiciliary  |  | Training/Education/Governance |
|  | Early Years |  | Other  |

# Section 3

# Employment (continued)

## Employment History

Please start with your last period of employment, period of study or sabbatical leave and work backwards, accounting for any gaps. Dates must be accurate to the nearest month for the last **10 years**.

| **Dates** | **Name and Contact Details of Employer/Education Establishment, including Telephone, email, website** | **Job Title/Course and description of role** |
| --- | --- | --- |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section 3

# Employment (continued)

## Employment History

| **Dates** | **Name and Contact Details of Employer/Education Establishment, including Telephone, email, website** | **Job Title/Course and description of role** |
| --- | --- | --- |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section 4

# Other Regulatory Bodies

## Registration with other UK regulatory bodies

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

|  |  |
| --- | --- |
|  | No – Proceed to ‘Registration with a regulatory body outside the UK’ on the next page |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, currently |  | Yes, previously |

|  |  |  |  |
| --- | --- | --- | --- |
|  | British Psychological Council (Chartered Membership Only) |  | General Teaching Council for Northern Ireland |
|  | General Chiropractic Council |  | General Teaching Council for Scotland |
|  | General Dental Council  |  | General Teaching Council for Wales |
|  | General Medical Council  |  | Health and Care Professions Council  |
|  | General Optical Council  |  | Nursing and Midwifery Council |
|  | General Osteopathic Council |  | Pharmaceutical Society of Northern Ireland  |
|  | [General Pharmaceutical Council](https://en.wikipedia.org/wiki/General_Pharmaceutical_Council) |  | Scottish Social Services Council |
|  | General Social Care Council  |  | Social Care Wales  |
|  | General Teaching Council for England |  |  |
|  | Other (Please provide details):  |

|  |
| --- |
| Name you are/were registered under: |
|  |
| Registration number or equivalent: |
|  |
| Dates registered: |
| From: To: |
| Reason for not continuing this registration (if applicable): |
|  |

# Section 4

# Other Regulatory Bodies (continued)

## Registration with a regulatory body outside the UK

Are you currently, or have you ever been, registered or licensed by a regulatory or competent body, outside the UK?

|  |  |
| --- | --- |
|  | No  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, currently |  | Yes, previously |
| Name of the regulatory body or licensing organisation: |
|  |
| Name you are/were registered or licensed under: |
|  |
| What are/were you registered or licensed as? |
|  |
| Dates registered: |
| From: To: |
| Reason for not continuing this registration (if applicable): |
|  |

## Removal by any regulatory body

Has a regulatory or licensing body, in any country, ever removed you from a Register, taken away your licence to practise or applied a sanction for conduct or fitness to practise reasons?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
| If yes, please give details below: |
|  |

# Section 5

# Disciplinary Record

# If you have multiple declarations, please copy relevant questions and provide details for each separately.

The Health & Personal Social Services Act (NI) 2001 requires NISCC to ensure that everyone who is registered is of good character, conduct and competence. You must provide information of your disciplinary record (if any). NISCC can refuse to register you if you give false information or have withheld relevant details on your application.

You should read the ‘[Disciplinary Record](https://niscconline.hscni.net/GuidanceFAQ/Declarations/DisciplinaryRecord.aspx)’ section of the Guidance before completing this section.

**PLEASE NOTE: If your declaration is related to criminal offences, please ensure you put those declarations in the next section.**

1. Have you ever been dismissed from any employment or resigned during an investigation or disciplinary proceedings, either within or outside the UK?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to question 2 below |

|  |  |
| --- | --- |
| Date this happened |  |
|  |  |

|  |
| --- |
| Details of declaration, including what happened and when? |
|   |
| Name of employer/organisation (please specify country):  |
|  |
|  |

# Section 5

# Disciplinary Record (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Are you currently the subject of an investigation/disciplinary proceedings by an employer, either within the UK or outside the UK?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to question 3 |

|  |
| --- |
| Date investigation/disciplinary started |
|  |  |

 |
| Details of declaration, including what happened and when? |
|  |
| Name of employer/organisation (please specify country):  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 5Disciplinary Record (continued)1. Are there any current (not yet expired) disciplinary findings against you by an employer, either within or outside the UK?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to question 4 |

 |
| Date of finding: |  |  |
|  |  |  |

|  |
| --- |
| Details of declaration, including what happened and when? |
|  |
| Name of employer/organisation (please specify country):  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 5Disciplinary Record (continued)1. Are you currently, or have you ever been, subject to investigation or proceedings by any regulatory body/licensing association/competent body?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to Section 6 |

 |
|

|  |  |  |
| --- | --- | --- |
| Date investigation started | OR | Date of finding (if applicable) |
|  |  |  |

Details of declaration, including what happened and when? |
|  |
| Name of regulatory body/licensing association/competent body (please specify country):  |
|  |

# Section 6

# Criminal Offences

# If you have multiple declarations, please copy relevant questions and provide details for each separately.

The Health & Personal Social Services Act (NI) 2001 requires NISCC to ensure that everyone who is registered is of good character. You must disclose to NISCC all details of any conviction, caution, binding over, fixed penalty or pending charges. NISCC can refuse to register you if you give false information or have withheld relevant details on your application. (You do not need to disclose fixed penalty notices for minor motoring offences).

**The Rehabilitation of Offenders (Northern Ireland) Order 1978** allows some criminal convictions 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.

**Protected Disclosures**

**The Rehabilitation of Offenders (Exceptions)(Amendment) Order (Northern Ireland) 2014** makes provision for some convictions to be ‘protected’. This means that you are not required to disclose them. You can check which convictions are protected on the Access NI website https://www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks

1. Date (approx) of your most recent enhanced police or Access NI check:

|  |
| --- |
|  |

1. Have you ever been convicted of a criminal offence in the UK, or any other country?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to question 2 |

|  |
| --- |
| Date convicted:  |
|  |  |
| Name/type of offence (eg theft, common assault, etc.): |
|  |
|  |

# Section 6

# Criminal Offences (continued)

|  |
| --- |
| Penalty imposed/action taken (length of sentence): |
|  |
| Please give details of the offence committed, including the circumstances at the time and why and when it happened: |
|  |
| Were there any victims of the offence(s)? |
|  | Yes (provide details below) |  | No  |
|  |
|  |
| Were any of the victims children or vulnerable adults?  |
|  | Yes (provide details below) |  | No  |
|  |
|  |

|  |
| --- |
| Section 6Criminal Offences (continued)Have you told your employer about the offence(s)? |
|  | Yes (provide details below) |  | No  |  | N/A |
|  |
|  |
| What action has your employer taken?  |
|  |
| If you have not told your employer, please explain why:  |
|  |
| Is there anything else that you think the Council should take into consideration when makinga decision on your suitability to be registered?  |
|  |

# Section 6

# Criminal Offences (continued)

1. Have you ever received a formal caution, fixed penalty or been bound over in the UK, or
any other country? (You do not need to disclose fixed penalty notices for minor motoring offences.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to next question |

|  |
| --- |
| Date imposed:  |
|  |  |

Type of Action:

|  |  |
| --- | --- |
|  | Bound Over |
|  | Caution |
|  | Fixed Penalty |
|  |
| Please give details of the offence committed, including the circumstances at the time and why and when it happened: |
|  |

|  |
| --- |
| Were there any victims of the offence(s)? |
|  | Yes (provide details below) |  | No  |
|  |
|  |

|  |
| --- |
| Section 6Criminal Offences (continued) |
| Were any of the victims children or vulnerable adults?  |
|  | Yes (provide details below) |  | No  |
|  |
|  |
| Have you told your employer about the offence(s)? |
|  | Yes (provide details below) |  | No  |  | N/A |
|  |
|  |
| What action has your employer taken?  |
|  |
| If you have not told your employer, please explain why:  |
|  |
| Is there anything else that you think the Council should take into consideration when makinga decision on your suitability to be registered?  |
|  |

|  |
| --- |
| Section 6Criminal Offences (continued) |

1. Do you have a formal charge pending in the UK, or any other country?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to next question |
| Details of pending charge, including what happened and when: |
|  |

1. Have you ever been barred from working with children?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to next question |

|  |
| --- |
| Date Barred: |
|  |  |
| Details of declaration, including what happened and when: |
|  |

1. Have you ever been barred from working with vulnerable adults?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to next question |

|  |
| --- |
| Date Barred: |
|  |  |
| Details of declaration, including what happened and when: |
|  |

# Section 6

# Criminal Offences (continued)

1. Have you ever been investigated by social services and/or the police (in the UK or any other country) due to concerns about your care or treatment of a child or vulnerable adult in either your work or home setting?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (provide details below) |  | No – proceed to next question |

|  |
| --- |
| Date of Investigation: |
|  |  |
| Details of investigation, including what happened and when? |
|  |

# Section 7

# Endorsing this Application

## Contact details for the endorser’s organisation

We will check the organisation’s website, or email them, to verify that the endorser is employed or associated with them. Please provide the following contact details:

|  |  |
| --- | --- |
| Organisation Name: |  |
|  |  |
| Address: |  |
|  |  |
| Country: |  |
|  |  |
| Organisation’s main phone number (with dialling codes): |  |
|  |  |
| Organisation’s website address: |  |
|  |  |
| Organisation’s email address: |  |

## Details of the endorser

|  |  |
| --- | --- |
| Endorser’s name: |  |
|  |  |
| Job title in original language: |  |
|  |  |
| Job title in English: |  |
|  |  |
| Daytime phone number (with dialling codes): |  |
|  |  |
| Mobile phone number (with dialling codes): |  |
|  |  |
| Endorser’s Email address: |  |
|  |  |
| Description of Endorser’s Job Role, including key responsibilities: |  |

# Section 7

# Endorsing this Application (continued)

## Applicant’s identity

Please confirm that you have seen the original and verified the photocopy of two documents below (tick relevant document):

|  |  |
| --- | --- |
|  | 1. A copy of applicant’s Passport (mandatory) |
|  | 2. AND a copy of **one** of: |
|  | Birth Certificate |
|  | A copy of the entry of birth in a register |
|  | Marriage of Civil Partnership Certificate |
|  | Adoption Certificate |
|  | European National identity Card |
|  | Armed Forces Identity Card |
|  | Certificate of British Nationality |
|  | Naturalisation Certificate |
|  | Secondary School Certificate (India) |
|  |  |
|  | 3. If a work permit or visa is required to work in the UK, a copy of this must be provided |

## Applicant’s qualification(s)

|  |  |
| --- | --- |
|  | Qualification Certificate |
|  | Course Transcript |
|  | Diploma Supplement |

## Additional documentation

The applicant may have been asked to provide other supporting documentation which will also require verification by you. Please list any other documents you have checked and verified below:

|  |  |
| --- | --- |
|  |   |
|  |   |
|  |   |
|  |   |

## Translation to English

If the applicant has translated any of these documents into English, you are asked to check each translation against the original language and sign and date the photocopy as well as the photocopies of the documents in the original language. If you are unable to check the accuracy of the translations because of language difficulties, please note this fact on the photocopy of the translation.

# Section 7

# Endorsing this Application (continued)

**Only to be completed by the person endorsing the application. For further information, please see the Guidance.**

|  |
| --- |
| How long has the applicant worked for this organisation or how long have you known them?  |
|  |
| 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: |
|  |

## Please read, sign and date this declaration

I declare that:

* I have read the Endorser section of the ‘General Guidance Notes for social workers trained and qualified outside the UK’.
* I have checked Section 5 Disciplinary Record and Section 6 Criminal Offences and to the best of my knowledge believe the applicant has provided correct information.
* I understand that the Northern Ireland Social Care Council may contact me about some or all of the information I have provided.
* I am not aware of any reason why the applicant should not be registered on the Social Care Register (other than previously noted).

|  |  |
| --- | --- |
| Endorser’s Name: |  |
|  |  |
| Endorser’s Signature: |  |
|  |  |
| Date: |  |  |

We may need to contact you about the applicant. What is your preferred method of contact?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Email |  | Phone/Mobile |

# Section 8

# About your Health

The Health and Personal Social Services Act (NI) 2001 requires NISCC to ensure that everyone who is registered is physically and mentally fit to be on the Social Care Register. A health condition will not necessarily prevent registration, but we need to be satisfied that you can work safely in social care.

You must answer all of the following questions (and those in the additional health questionnaire on the next page if required to do so) otherwise your application cannot be accepted. NISCC can refuse to register you if you give false or misleading information or have withheld relevant details on your application.

Do you have one of more of the following physical or mental health conditions?

1. Conditions that may cause seizures or sudden loss of consciousness or sudden physical incapacity:

|  |  |
| --- | --- |
|  | No  |

|  |  |
| --- | --- |
|  | Yes – please complete the health questionnaire on the next page |

1. A history of substance or alcohol dependence, including a dependence for which you are currently receiving or seeking treatment:

|  |  |
| --- | --- |
|  | No  |

|  |  |
| --- | --- |
|  | Yes – please complete the health questionnaire on the next page |

1. Ongoing mental health problems for which your are currently receiving treatment from a GP or specialist:

|  |  |
| --- | --- |
|  | No  |

|  |  |
| --- | --- |
|  | I have been diagnosed with anxiety/depression/postnatal depression which is currently managed by prescribed medication which allows me to carry out my job safely (do not complete the health questionnaire) |
|  |
|  |  |
|  | I have been diagnosed with a mental health condition other than the above – please complete the health questionnaire on the next page |
|  |

# Section 8

# About your Health (continued)

## Health Questionnaire – complete this section only if you have disclosed a relevant health condition on the previous page

Please provide a summary of the condition(s) below:

|  |
| --- |
| 1. Please specify your health condition and describe how and when it affects you physically and/or mentally:
 |
|  |
| 1. Has your condition affected your performance in either your current or previous employment? If so, how?
 |
|  |
| 1. Please describe to what extent you feel your condition could impact on working either directly or indirectly with service users:
 |
|  |
| 1. How do you currently manage the condition to ensure that service users will not be placed at risk?
 |
|  |

# Section 8

# About your Health (continued)

## Health Questionnaire (continued)

|  |
| --- |
| 1. Does your employer know about your condition? If not, explain the reason why:
 |
|  |
| 1. Please describe any action/adjustments taken by your employer in respect of your condition. If you have been referred to Occupational Health, please provide a copy of the Occupational Health Report/Fitness Certificate or similar documentary evidence:
 |
|  |
| 1. Is there anything else that you think NISCC should take into consideration when making a decision on your suitability to be registered?
 |
|  |

# Section 8

# About your Health (continued)

## Health Report Consent Form

You only need to complete this form if you have declared a relevant physical or mental health condition and completed the Health Questionnaire on the previous 2 pages. We may need to ask for a health report about you from your general medical practitioner or any health professional who knows about your health condition. This report will be obtained by NISCC and will remain confidential.

I consent to NISCC contacting the named health professional to obtain details of my medical condition:

|  |  |
| --- | --- |
| Applicant’s Name: |  |
|  |  |
| Applicant’s Signature: |  |
|  |  |
| Date: |  |

**To Health Professional:**

|  |  |
| --- | --- |
| Name of Health Professional: |  |
|  |  |
| Position: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| City/Town: |  |
|  |  |
| Country: |  |
|  |  |
| Postal Code: |  |
|  |  |
| Phone Number: |  |

**From:**

|  |  |
| --- | --- |
| Applicant’s Name: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| City/Town: |  |
|  |  |
| Country: |  |
|  |  |
| Postal Code: |  |
|  |  |
| Phone Number: |  |
|  |  |
| Date of Birth: |  |

# Section 9

# Applicant’s Personal Declaration

## I declare that:

* All of the information I have provided on this form is correct to the best of my knowledge.
* I understand that NISCC can refuse to register me or remove me from the register if I have given false or misleading information or have withheld relevant details.
* I understand that NISCC may contact me or the person who has verified and endorsed my application about information in my application.
* I understand that NISCC may contact me or the relevant bodies regarding qualifications and placements noted in my application.
* I understand that NISCC will investigate any allegation of misconduct against me that could call into question my suitability to be registered.
* I undertake to tell NISCC as soon as reasonably practical about:
	+ any changes to my personal details
	+ any changes to my employment details
	+ any disciplinary action taken against me
	+ any events that call into question my good character such as criminal convictions, criminal proceedings or formal cautions that I receive
	+ any changes to my health that may affect my ability to work in social care including in management positions, in social care education and training, and in contact with service users
* I understand that if I fail to tell NISCC about any changes to the information in my application, the Council may consider this to be misconduct.
* I understand that if I fail to provide NISCC with any further information requested by NISCC while processing this application, my application will be cancelled and the fee will not be refunded.
* I have read, understand and agree to comply with the ‘NISCC Standards of Conduct and Practice for Social Workers’.
* I understand that, as a registered social worker, I will be responsible for upholding and promoting the high standards of the social work profession.
* I agree to pay the annual fee by the relevant date to maintain my registration.
* I understand that at the end of my registration period I must submit a renewal application.
* I agree to complete NISCC’s Post Registration Training and Learning requirements and to show that I have done so if requested.

|  |  |
| --- | --- |
| Applicant’s Name: |  |
|  |  |
| Applicant’s Signature: |  |
|  |  |
| Date: |  |

# Checklist

###### PLEASE NOTE:

###### The form MUST be typed in English.

###### Handwritten forms will be returned to you.

|  |  |
| --- | --- |
|  | Tick when done |
| I have read the ‘General Guidance Notes for social workers trained and qualified outside the UK’ |  |
| I have read the ‘NISCC Standards of Conduct and Practice for Social Workers’ |  |
| All sections of form have been completed |  |
| Endorsement section completed and signed by endorser |  |
| Personal declaration signed and dated |  |
| A copy of Passport verified and included |  |
| A copy of one of these verified and included:* Birth Certificate
* A copy of the entry of birth in a register
* Marriage or Civil Partnership Certificate
* Adoption Certificate
* European National identity Card
* Armed Forces Identity Card
* Certificate of British Nationality
* Naturalisation Certificate
* Secondary School Certificate (India)
 |  |
| A copy of my Qualification Certificate(s) verified and included |  |
| A copy of my Course Transcript(s) verified and included |  |
| A copy of my Diploma Supplement(s) verified and included |  |
| Copies of relevant Job Descriptions verified and included |  |
| Copy of CV included |  |
| All documents include translations where requested |  |
| If a work permit or visa is required to work in the UK, a copy of this must be provided |  |
| An application fee of £350 is either included or I will pay once form received by other methods listed |  |
| I have copied this form and all attached documents to keep for my record |  |

## Submission of your application and supporting documents

You can either post (recorded delivery advised) the form, documents and cheque/postal order for payment to:

Registration Team

Northern Ireland Social Care Council

7th Floor Millennium House

19-25 Great Victoria Street

Belfast

BT2 7AQ

Northern Ireland

Or you can scan all the documents as a pdf and email to info@niscc.hscni.net. Once received, call during working hours to arrange fee payment by telephone (+44 28 9536 2600).

# Equal Opportunities Monitoring Form

**You do not have to fill in this form to apply for registration.**

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 decide whether you are suitable for registration.

Information provided in this form will be treated confidentially.

Section 75 of the Northern Ireland Act 1998 requires us to promote equality of opportunity on the basis on all nine categories. To assist in this monitoring process it is necessary to ask you a number of questions.

**Age:**

**Please state your date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:**

**Please indicate your sex by ticking the appropriate box below:**

 Male:  Female: 

**Marital Status / Civil Partnership Status:**

 Single:  Married/Civil Partnership:  Other: 

**Community Background:**

Regardless of whether they actually practise a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

**Please indicate the community to which you belong 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 the

 Roman Catholic communities: 

**Religious: Please indicate if you practice a particular religion by ticking one box.**

Buddhist  Christian  Hindu  Jewish  Muslim 

None  Other 

**Ethnic Group:** To which of these ethnic groups do you consider you belong?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bangladeshi |  |  Black African |  |  Black Caribbean |  |  |
| Black Other |  |  Chinese |  |  Filipino |  |  |
| Indian |  |  Irish Traveller |  |  Mixed Ethnic Group |  |  |
| Pakistani |  |  White |   |  Other |  |  |

**Nationality:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| British |  | English |  | Filipino |  |  |
| Indian |  | Irish |  | Latvian |  |  |
| Lithuanian |  | Northern Irish |  | Pakistani |  |  |
| Polish |  | Portuguese |  | Scottish |  |  |
| Welsh |  | Other |  |  |  |  |

**Do you have caring responsibilities for:** (tick each box that applies to your circumstances)

A child or children: 

A dependent older person: 

A person(s) with a disability: 

None of the above: 

**Sexual Orientation:**

**My sexual orientation is towards someone:**

Of the opposite sex 

Of the same sex 

Of the same sex and of the opposite sex 

I do not wish to answer 

**Disability:**

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities. “Normal day-to-day activities” listed in the Act are mobility; manual dexterity; physical co-ordination; continence; ability to life, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger..

(If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these/ If so, you should answer ‘yes’ below.)

Having read this definition, do you consider yourself as having a disability?

Yes:  No: 

**If yes, please indicate which type of impairment(s) apply to you:** (please tick all that apply to you)

|  |  |
| --- | --- |
| Long standing illness, such as cancer, HIV, diabetes, chronic hear disease or epilepsy |  |
|  |  |
| Learning disability, such as Down’s Syndrome, Dyslexia or Cognitive Impairment such as Autism |  |
|  |  |
| Mental health condition, such as depression or schizophrenia |  |
|  |  |
| Physical Impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches |  |
|  |  |
| Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment |  |
|  |  |
| Other |  |

**Political Opinion:**

**Please tick the appropriate box to indicate your political opinion:**

|  |  |
| --- | --- |
| Broadly Nationalist |  |
|  |  |
| Broadly Unionist |  |
|  |  |
| Other |  |
|  |  |
| I do not wish to answer |  |