##

##  Social Worker: PRTL Submission Form

**Full name: ..........................................................................................................................................**

**Employer name (if in employment): ................................................................................................**

**Registration Number: .......................................................................................................................**

**Total word count:..............................................................................................................................**

**Summary of Work Role (maximum 500 words):** ........................................................................................

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**PRTL Submission (continued)**

**Personal Statement (Maximum 1500 words) Page 1:**

***This should demonstrate that you have evaluated your learning and describe how you met standards 3 and 4 (Additional space is provided on pages 21 and 22).***

Total word count:..............................................................................................................................

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**PRTL Submission (continued)**

**Personal Statement (Maximum 1500 words) Page 2:**

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**PRTL Submission (continued)**

**Personal Statement (Maximum 1500 words) Page 3:**

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**PRTL Submission (continued) Summary of PRTL Activities**

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| **Date** | **Duration (hours)** | **Brief description of activity** |
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Total training and learning for period of registration hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registrant Declaration**

I confirm that I have undertaken the activities recorded on this form and that the details I have provided are accurate. I understand that failure to meet Post Registration Training and Learning Requirements, or the provision of false information in relation to meeting these requirements, may be considered by the Northern Ireland Social Care Council, as misconduct.

Registration Number .............................

Signed ................................................. Registrant

Please email complete form to: Workforcedevelopment@niscc.hscni.net