

Change of Circumstances Form

for Registrants on the NISCC Social Care Register



Please use this form if there are any changes in the personal details on your registration record.

1. This section must be completed in full

Name you are registered under:

Date of birth:

Registration (SCR) Number:

Completed forms should be returned to:

NISCC Registration Team
7th Floor Millennium House
19-25 Great Victoria Street
Belfast BT2 7AQ

Tel: 028 9041 7633

2. Personal details

Please use this section to provide information about changes to your name, home address or contact details. We will use your home address as correspondence unless otherwise stated.

Your new name/title

Title:

Surname:

Forenames:

.....

To validate changes to your title/name you must supply supporting information as follows:

Marriage: a copy of your marriage certificate which has been endorsed by your employer as having seen the original.

Reverting to your name at birth: no supporting evidence is required.

Divorce/Separation/Other Reason for Name Change: if you are not reverting to your birth name, an endorsed copy of identification with your new name.

Your new contact details

House name/number:

Street/road:

.....

Town/City:

Country:

Postcode:

Is this a change of home address?

Yes No

If this is a change of home address, please state the date this is effective from: DD/MM/YYYY
.....

Please tick the box below if you do not want correspondence to be sent to your home address

Home telephone number (including dialling code):

Mobile telephone number:

Home email address:

3. Employment details

Please use this section to provide information about any changes to your job role and the area of social care you work in.

Your current job role

Please tick the job title which best describes your current job role

Job Role	Annual Fee	✓
ARCW Adult Residential Care Worker	£15.00	
DCW Day Care Worker	£15.00	
DCCM Day Care Centre Manager	£30.00	
DMCM Domiciliary Care Manager	£30.00	
DMCW Domiciliary Care Worker	£15.00	
DVR Driver	£15.00	
ETO Environmental Technical Officer	£15.00	
EWOU Education Welfare Officer (not Social Work qualified)	£15.00	
FSW Family Support Worker	£15.00	
IQSW Internationally Qualified Social Worker	£30.00	
NQSW Newly Qualified Social Worker	£30.00	
PA Personal Advisor	£15.00	
QSW Qualified Social Worker (UK)	£30.00	
RCCW Residential Child Care Worker	£30.00	
RFCW Residential Family Centre Worker	£15.00	
RHM Residential Home Manager	£30.00	
ROB Rehabilitation Officer for the Blind	£15.00	
SWA Social Work Assistant	£15.00	
SWS Social Work Student	£10.00	
SWT Social Work Trainee	£10.00	

Please tick the area of social care which best describes where you work in your new job role. If you are not currently working in social care, please tick 'other' and provide a brief description

Area of social care	✓
HSC Board	
HSC Trust	
Criminal Justice	
Education	
Hospital	
Local Government/Council	
Private Social Care Organisation	
Recruitment Agency (employed in social care by the agency)	
Voluntary Social Care Organisation	
Unemployed	
Other (please provide a brief description)	

4. Employer's contact details

Please use this section to provide information about any changes to the details of your employing organisation, employment location or contact details.

If you are working for a second social care employer and you need to advise the NISCC of changes to both employer's contact details, please use 'Employment 1 New Details' for the job you spend most time in.

Employment 1 new contact details

Name of new employer/organisation

.....

New Job title/position:

.....

Date effective from: DD/MM/YYYY

Employment 2 new contact details

Name of new employer/organisation

.....

New Job title/position:

.....

Date effective from: DD/MM/YYYY

New work address

Building name/number:

Street/road:

.....

Town/City:

Country:

Postcode:

New work address

Building name/number:

Street/road:

.....

Town/City:

Country:

Postcode:

Work telephone number (including
dialling code):

Work email address:

.....

Work telephone number (including
dialling code):

Work email address:

.....

New employer's address (if different to
work address e.g. organisation
headquarters)

Building name/number:

Street/road:

.....

Town/City:

Country:

Postcode:

New employer's address (if different to
work address e.g. organisation
headquarters)

Building name/number:

Street/road:

.....

Town/City:

Country:

Postcode:

5. Suitability to work in social care

Please use this section to provide information about changes to your registration with another regulatory body, disciplinary record, health or criminal record

Please provide information about any change in the status of your registration with another Regulatory Body.

Name of Regulatory Body	Date and details of change	Registration number or equivalent	Name registered as

Please provide information about any new disciplinary finding against you.

Details of disciplinary finding	Date of finding	Name of employer or other organisation

Please provide information about any change to your physical or mental health that may affect your ability to undertake your work in social care?

Details of health condition	Date of diagnosis	Your consent to a health report
		Please provide the name, address and contact number of a health professional.

Please provide information about any new criminal investigation of which you are the subject, any new criminal convictions or any changes pending or alternatives to prosecution.

Details of conviction/charge/alternative to prosecution	Date	Court/Police Station

Removal from the Register**

<p>I wish to apply for voluntary removal from the NISCC Social Care Register. The reason for my request is as follows:</p> <p>.....</p> <p>.....</p>

**** Social Work Students wishing to withdraw or ‘take a break’ from the Degree in Social Work course must ensure that the appropriate notification form is submitted to the NISCC by their Educational Establishment.**

Signature:	Date:
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