

Application to register on the social work part of the social care register



for social workers trained and qualified outside the UK

Please read the accompanying guidance before completing 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 have a qualification awarded outside the UK and hold the Letter of Comparability to the Certificate of Qualification in Social Work. You already have a qualification in social work recognised in the UK. Use the application form for qualified social workers AF1(NI).
- ✗ you are already registered with one of the following social care councils:
 - Care Council for Wales
 - General Social Care Council
 - Scottish Social Services Council.

If you are already registered with one of these councils and wish to apply for **additional** registration with the NISCC or transfer your registration to the NISCC, please contact the social care council you are registered with.

Please check that you have filled in all the sections of the form and that you have enclosed all the required documentation and payment. **If your application is incomplete or without the correct payment it cannot be processed and will be returned to you.** This will result in a delay in processing your application.

The NISCC does not accept any liability for any application form that we return to you.

Applicant's details

Surname

First Name(s)

Date of birth

DD / MM / YYYY

Registration helpline

You can contact the registration helpline if you need help to fill in any section of this form.

Helpline open Monday to Friday
10.00–12.00 and 14.00–16.00

Phone

+44 (0)28 9041 7633

Email

registration@nisocialcarecouncil.org.uk

Website

www.niscc.info

Please post your completed application form to:

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

For official use only

SCR number: _____

How to fill in this form

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

- the **General guidance notes** for social workers trained and qualified outside the UK;
- the **Country assessment guidelines** for the country you trained and qualified in;
- the **Suitability to work in social care – guidance notes**; and
- the **NISCC’s Code of Practice for Social Care Workers**.

Once you have familiarised yourself with the guidance, gather together all of the supporting documentation we have asked for in Sections 1, 2 and 5. You will need this when you fill in the form.

The documentation is required to:

- confirm your identity; and
- provide details of your qualification.

You are now ready to fill in the form. All questions must be answered in English unless we have asked for the original language. Please use black ink and write clearly in CAPITAL LETTERS.

Checklist

	Tick when done
Fill in Sections 1 to 6.	
Whenever you see the symbol evidence in the application form, you must provide the documentation detailed in the guidance notes.	
Translate any documents into English if the guidance tells you to.	
Identify the best person to endorse your application.	
Photocopy all the documents that support your application.	
Pass the application form, any additional information, the originals and photocopies of all the supporting documents and the guidance notes to your endorser to complete Section 7.	
Check that your endorser has verified all the photocopies of the documents and has answered all the questions in Section 7 and signed the application form on page 26.	
Fill in Section 8.	
Fill in the health report consent form, if required.	
Fill in Section 9 and attach the correct payment by cheque or bank draft to the application form.	
Check that you have answered all the questions in the form.	
Check that you have all the supporting documentation required and that your name and date of birth is on any additional information you provide.	
Once you are content that the application is complete, read the personal declaration then sign and date Section 10.	
Photocopy this form and any additional information or documents you have provided for your records.	
Send in your application in the envelope provided after adding the correct postage. Failure to do this may result in non-delivery.	

Please note: If your application form is incomplete or without the correct payment, it cannot be processed and will be returned to you. This will result in a delay in processing your application.

The NISCC does not accept any liability for any application form that we return to you.

1 Your details

Before you fill in this section, read pages 12 to 13 of the General Guidance Notes.

Social Care Register number

If you have previously applied for or been registered on the Social Care Register (SCR) with the NISCC or one of the other social care councils, please indicate which council by ticking the box and provide your reference or registration (SCR) number.

Northern Ireland England Scotland Wales

Your reference/SCR number

Name you applied in:

First name(s) Last name

Your personal details

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

evidence

Title (Mr/Mrs/Miss/Dr/Other)

First name (in full)

Middle name(s)

Last name

Date of birth DD / MM / YYYY

Place of birth

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?

First name(s) Last name

First name(s) Last name

Your nationality/nationalities

Data protection – security check

To help us with our security checks when you contact us or when we contact you, we need your passport details.

Country of issue Passport number

1 Your details (continued)

Your contact details outside the UK (if applicable)

Home address _____

Country _____

Phone number (with dialling codes) (+) _____

Mobile phone number _____

Email address _____

Your contact details in the UK (if known)

Home address _____

Town/city _____

Country _____

Phone number (with dialling codes) (+) _____

Mobile phone number _____

Email address _____

Future communication

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

Outside the UK Inside the UK

Please tell us if you require future forms or correspondence in other formats e.g. large print. We will try our best to meet those needs.

Large print Other please specify:

All correspondence from the NISCC will be in English. We do not provide translation in to other languages.

2 Your social work qualification

Before you fill in this section, read pages 14 to 16 of the General Guidance Notes and your country assessment guidance.

There are two parts to this section. **Part A** asks general questions about your social work qualification. **Part B** asks for more detailed information about your qualification.

You **must** complete:

- Part A – questions 1 to 6;
- Part A – questions 7 to 9, only if required by the country assessment guidance for your country of training; and
- Part B – questions 10 to 15, only if required by the country assessment guidance for your country of training.

The country assessment guidance is updated regularly on the NISCC website: www.niscc.info

If you need to tell us about more than one professional social work qualification that you have successfully completed, please photocopy this Section 2 and fill it in for **each** of those qualifications.

Part A: General Information about your qualification

evidence

You must complete questions 1 to 6.

1 In which country did you complete your training in social work?

2 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?

3 What is the title **in English** of your social work qualification, including any specialisation?

4 What is the date that your social work qualification was awarded (as it appears on the evidence of your social work qualification)?

DD / MM / YYYY

5 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?

2 Your social work qualification (continued)

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

Contact's name	_____
Job title	_____
Address	_____ _____ _____
Country	_____
Educational institution's main phone number (with dialling codes) (+)	_____
Enquiries contact number (with dialling codes) (+)	_____
Educational institution's website address	_____
Enquiries Email address	_____

6 Is the body that awarded your social work qualification **different** from 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?

Please provide contact details for the awarding body.

Contact's name	_____
Job title	_____
Address	_____ _____ _____
Country	_____
Educational institution's main phone number (with dialling codes) (+)	_____
Enquiries contact number (with dialling codes) (+)	_____
Educational institution's website address	_____
Enquiries Email address	_____

2 Your social work qualification (continued)

You only need to answer questions 7 to 9 if required to do so by the country assessment guidance for your country of training.

7 As part of your social work training, were your placements supervised and assessed?

Yes No

If **yes**, answer questions 8 and 9. If **no**, answer question 9.

8 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

9 If you told us in questions 7 and 8 that your placements were not supervised and assessed, or that you completed less than 130 days of practice placements in your social work training, please tell us which periods of relevant post-qualifying social work employment you want us to take into account to make up for the shortfall. You will be able to tell us more about your employment in Section 3 (current employment status) and Section 4 (employment history).

Dates From	to	Employer's name	Number of days (six hours is counted as a day)
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		

The country assessment guidance for your country of training will tell you whether you need to complete Part B. If you do not need to complete Part B, go to Section 3 (Current employment status).

2 Your social work qualification (continued)

Part B: More detailed information about your qualification

If you are completing this part you must answer all the questions and provide evidence of the social work content of your course. See pages 15 to 16 of the general guidance notes.

10 What were the entry requirements for your course?

11 What were the start and end dates of your course?

Start date End date

12 How many years did your course last?

Years

13 What was your mode of study?

Full time Part-time Distance learning

14 Have you provided evidence of the social work content of your course?

Yes No

evidence

15 On the following two pages, please provide more detail about each supervised and assessed practice placement you told us about in question 8.

If you had more than four placements, photocopy page 9 so that you can answer the same questions for all of your placements.

2 Your social work qualification (continued)

Placement 1

What was the total number of days that you spent on this placement? days

Which groups of people who use services did you work with?

- Children and young people people with disabilities mental health
 Older people youth/criminal justice other (please specify)

What were your roles and responsibilities on this placement?

Were you supervised by a qualified social worker during this placement?

Yes No If **no**, please tell us how you were supervised and by whom.

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.

Placement 2

What was the total number of days that you spent on this placement? days

Which groups of people who use services did you work with?

- Children and young people people with disabilities mental health
 Older people youth/criminal justice other (please specify)

What were your roles and responsibilities on this placement?

Were you supervised by a qualified social worker during this placement?

Yes No If **no**, please tell us how you were supervised and by whom.

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.

2 Your social work qualification (continued)

Placement 3

What was the total number of days that you spent on this placement? days

Which groups of people who use services did you work with?

- Children and young people people with disabilities mental health
 Older people youth/criminal justice other (please specify)

What were your roles and responsibilities on this placement?

Were you supervised by a qualified social worker during this placement?

Yes No If **no**, please tell us how you were supervised and by whom.

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.

Placement 4

What was the total number of days that you spent on this placement? days

Which groups of people who use services did you work with?

- Children and young people people with disabilities mental health
 Older people youth/criminal justice other (please specify)

What were your roles and responsibilities on this placement?

Were you supervised by a qualified social worker during this placement?

Yes No If **no**, please tell us how you were supervised and by whom.

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.

3 Current employment status

Before you fill in this section, read page 17 of the General Guidance Notes.

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

- | | |
|--|---|
| <input type="checkbox"/> Employed in social work (not by an agency) | <input type="checkbox"/> Employed outside social work |
| <input type="checkbox"/> Employed in social work by an employment agency | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> On secondment | <input type="checkbox"/> Working unpaid |
| <input type="checkbox"/> Studying, not in employment (go to Section 4) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Other – please provide details | <input type="text"/> |

Please tick the sector that best describes where you are employed for the majority of your time.

- | | | |
|--|---|---|
| <input type="checkbox"/> Public sector | <input type="checkbox"/> Private sector | <input type="checkbox"/> Voluntary sector |
|--|---|---|

Please use the tables on pages 12 and 14 to provide details of your current employment. This should include contact details for your employer/employing agency and a full description of your social work duties.

3 Current employment status (continued)

If you work for more than one employer, give the details of the job and the employer you spend most of your 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.

Employer 1

Your job title in your own language (*in Latin alphabet*)

Employer/agency name in your own language (*in Latin alphabet*)

Date you started this job

Description of your role and responsibilities

Address of the place where you worked

Country

Phone number (*with dialling codes*) (+)

Website address

Email address

Employers address (*if different from the above details*)

Country

Phone number (*with dialling codes*) (+)

Website address

Email address

3 Current employment status (continued)

Employer 2

Your job title in your own language (*in Latin alphabet*)

Employer/agency name in your own language (*in Latin alphabet*)

Date you started this job

DD / MM / YYYY

Description of your role and responsibilities

Address of the place where you worked

Country

Phone number (*with dialling codes*) (+)

Website address

Email address

Employers address (*if different from the above details*)

Country

Phone number (*with dialling codes*) (+)

Website address

Email address

5 Other regulatory bodies

Before you fill in this section, read page 18 of the General Guidance Notes.

Are you currently or have you ever been registered with one of the UK regulatory bodies listed on page 18 of the general guidance notes?

No Yes, currently Yes, previously

If you have **not** answered 'no', please supply the following information:

Name of regulatory body

Name you are/were registered in

Registration number or equivalent

Dates registered from to

Regulatory, licensing or competent bodies outside the UK

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

No Yes, currently Yes, previously

evidence

If you have **not** answered 'no', please supply the following information:

Name of the body (*in original language*)

Name of the body (*in English*)

Professional title (*in original language*)

Professional title (*in English*)

Name you are/were registered under

Registration number or equivalent

Dates registered from to

Regulatory/licensing/competent body address

Country

Main phone number (*with dialling codes*) (+)

Enquiries contact number (*with dialling codes*) (+)

Website address

Email address

The NISCC will only register social care workers who satisfy us they are suitable to work in social care. To do this, we need information to confirm your good character and conduct.

There are three parts to this section:

- **Part A – criminal matters;**
- **Part B – disciplinary matters; and**
- **Part C – the protection of children and people who use services.**

You must answer all the questions in Parts A, B and C.

Part A

In or outside the UK, have you ever received the equivalent of any of the following decisions?

You must tick 'yes' or 'no' for each question. If you do not, the form will be returned to you. **With the exception of fixed penalty notices for speeding, all motoring offences should be declared.**

	Yes	No
Do you have a conviction for any criminal offences (regardless of age) following prosecution in a criminal court?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received a caution administered by the police?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subject to a conditional caution?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received a fixed penalty notice (excluding those for speeding) Which you have paid?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any reprimands or final warnings when under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been bound over to keep the peace for a period, and asked to make a promise to pay a sum of money to the court if you repeated the behaviour that led to the bind over being imposed?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received an Anti-Social Behaviour Order (ASBO) made by any Court?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been charged with an offence, summoned to attend Court or (for road traffic matters) received notice of intended prosecution and the proceedings are still pending?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered '**no**' to all of the above questions, go to **Part B**.

If you answered '**yes**' to any of the above questions, please provide more details on page 18. Failure to do so will result in the form being returned to you.

6 Character and conduct (continued)

Part B

In or outside the UK, have you ever received the equivalent of any of the following decisions?

You must tick 'yes' or 'no' for **each** question. If you do not, the form will be returned to you.

	Yes	No
Are you currently the subject of any disciplinary investigation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a disciplinary finding against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had your employment terminated for unprofessional behaviour or misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever left an organisation before the outcome of a disciplinary investigation was known?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been suspended or disqualified from any professional training programme?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been suspended or deregistered for professional misconduct by any other regulatory, licensing, competent or professional body?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered '**no**' to all of the above questions, go to **Part C**.

If you answered '**yes**' to any of the above questions, please provide more details on page 20.

Part C

Have you ever been or are you currently subject to one of the orders stated below?

You must tick 'yes' or 'no' for **each** order listed. If you do not, the form will be returned to you.

	Yes	No
Protection of Vulnerable Adults (POVA) list	<input type="checkbox"/>	<input type="checkbox"/>
Protection of Children (POCA) list	<input type="checkbox"/>	<input type="checkbox"/>
Section 142 of the Education Act (2000) (formerly list 99)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been ordered to comply with registration requirements under the Sex Offences Act 2003?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been ordered to comply with notification requirements under the Sexual Offences Act 2003 or been the subject of an order under Part 2 of that Act (including a Notification Order or a Sexual Offences Prevention Order)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been suspended or deregistered for professional misconduct by any other regulatory, licensing, competent or professional body?	<input type="checkbox"/>	<input type="checkbox"/>
Has any child been removed, temporarily or permanently, from your care as a result of child protection proceedings?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered '**yes**' to any of the above questions, please provide more details on page 21.

Please note: Once you have filled in Sections 1 to 6, pass the form to your endorser to verify your supporting documents and to complete, sign and date section 7. Once Section 7 has been completed, you must complete Sections 8 to 10.

We ask the applicant to get independent endorsement of their application to register to confirm their identity, qualifications, good character and suitability to work in social care. Any information you give us will be stored in compliance with the Data Protection Act 1998. The Act includes the statutory right of access to personal information.

Are you the right person to endorse the application?

Please place a tick against the statement that describes your relationship with the applicant:

The applicant is currently employed by the organisation	<input type="checkbox"/>
We are an employment agency and the applicant is employed by us	<input type="checkbox"/>
The applicant was employed by the organisation in the last five years	<input type="checkbox"/>
The organisation commissioned services from the applicant in the last five years	<input type="checkbox"/>
We are a university and the applicant is currently enrolled or has been enrolled in the last two years as a student with us	<input type="checkbox"/>
We are a state department in the applicant's home country	<input type="checkbox"/>
We are a regulatory, licensing or competent body of the social work professional qualification in the applicant's home country	<input type="checkbox"/>

If none of the above applies, describe your relationship to the applicant and tell us how long you have known them:

<hr/> <hr/> <hr/>

Are you a senior representative of the organisation with knowledge of the applicant's character and their fitness to practise the work of a social worker?

Yes No

If you have answered 'no' to this question, you may not be the right person to endorse the application. Please return the form to the applicant for them to find another endorser.

Details of the organisation you represent

What is the name of the organisation you represent?

In the original language
In English

What are the key functions of the organisation?

<hr/>

7 Endorsement (continued)

Contact details for the endorser's organisation

We will normally check the organisation's website, or email them, to verify that you are employed or associated with them. Please provide the following contact details:

Contact's name	_____
Job title	_____
Address	_____ _____ _____
Country	_____
Organisation's main phone number <i>(with dialling codes)</i> (+)	_____
Organisation's website address	_____
Organisation's Email address	_____

Endorser's details

Please supply your name, contact details and your role and responsibilities in the organisation:

Endorser's name	_____
Job title <i>(in your own language)</i>	_____
Job title <i>(in English)</i>	_____
Purpose of your role	_____
Key responsibilities	_____ _____ _____
Daytime phone number <i>(with dialling codes)</i> (+)	_____
Mobile phone number	_____
Email address	_____

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

Post Email Phone Mobile phone

7 Endorsement (continued)

Applicant's identity

We need you to check the applicant's identity by checking two identity documents. One document **must** be the photographic identity page of the current passport. The second ID should be one of the following:

- Birth Certificate;
- Adoption certificate;
- European National identity card;
- Naturalisation certificate;
- Armed forces identity card;
- A copy of the entry of their birth in a register;
- Marriage or civil partnership certificate;
- Certificate of British nationality;
- UK work permit or visa, if issued in the last 12 months; or
- Secondary school certificate (India).

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.

Please confirm that you have seen the original and verified the photocopy of both documents below:

I have checked and verified the passport

Please write the name of the second identity document you have checked and verified here:

Applicant's qualification

We need you to check each of the applicant's original social work qualification documents against the photocopies they have provided. When you have confirmed that they are true copies, please sign and date each photocopy and tick the box next to the description of the document you have seen (you may tick more than one box). If the applicant has translated any of these documents into English, you are asked to check each translation and sign and date each photocopy.

Documents checked	
Qualification certificate	<input type="checkbox"/>
Course transcript	<input type="checkbox"/>
Diploma Supplement	<input type="checkbox"/>

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 in the box below.

7 Endorsement (continued)

Character and conduct

Please read the applicant's responses to the questions relating to character and conduct in section 6 of the form and answer the following questions:

	Yes	No
Does the information given by the applicant differ from the information held (if any) in your organisation's records?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant's professional status subject to any current investigation that may bring into question their suitability to practise with children or people who use social care services?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant currently prohibited from practising on a permanent or temporary basis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any disciplinary or criminal sanctions that may prohibit the applicant from working with children or people who use social care services?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'yes' to any of the above questions, or wish to provide any additional information about the applicant's suitability to be on the Social Care Register, please use the box below:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

7 Endorsement (continued) – Endorser declaration

Endorser declaration

Please read and sign the declaration below and return the form to the applicant once completed.

Have you used a translator when completing this form and verifying the documents?

If you have answered 'yes', the translator must witness your declaration and complete the 'Translator's details' section below.

I confirm that I have read the Northern Ireland Social Care Council guidance, and details recorded in the application form by the applicant. To the best of my knowledge:

- the details given by the applicant in Sections 2 to 5 are correct;
- the details given by the applicant in Section 6 are correct and there is no reason why this applicant should not be suitable for employment in social work;
- I have seen the applicant's original passport and one other identity document and can confirm the identity of the applicant;
- I have seen the applicant's original qualification documents and verified the copies;
- I know of no reason why this applicant should not be registered on the Social Care Register; and
- I understand that the Northern Ireland Social Care Council may wish to contact me or the organisation I represent about some or all of the information I have provided.

Signature	Date
	DD / MM / YYYY
Official stamp of the organisation (if applicable)	

Translator's details

Translator's name
Address
Country
Main phone number (with dialling codes) (+)
Mobile phone number
Website address
Email address

Translator's declaration

I have translated the guidance notes, form and supporting documents and this is a true record of the endorser's answers to the questions listed above. You may contact me about the service I provided.

Signature	Date
	DD / MM / YYYY
Official stamp of the organisation (if applicable)	

8 About your health

Before you fill in this section, read pages 10 to 12 of the Suitability to work in social care – guidance notes.

The NISCC is committed to ensuring equality of opportunity for disabled people, subject to the overriding need to ensure the health and safety of people who use social care services and their families.

Please note that the requirement to tell us about your health is currently under review following the recommendations to the Government by the Disability Rights Commission (now the Equality and Human Rights Commission). Until that review is complete, you are still required to fill in this section of the form.

You are not required to make a declaration about physical or mental impairments, learning disability or health conditions that, in your judgement, in the normal course of your social work duties:

- Can be effectively managed by you and your current or any future employer;
- Would not affect your capacity to practise; and
- Would not present a risk to others

Please read the 'About your health' section on pages 10 to 12 of the Suitability to work in social care – guidance notes and answer the following question:

Do you have a physical or mental impairment, learning disability or health condition that may affect your ability to undertake your social work duties in social care safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you have answered **no**, go to Section 9.

If you have answered **yes**, please fill in the separate sheet About your health – additional information on page 30 of this form and answer the question below for a health report.

Health report consent form

We may need to ask for a health report about you from your own doctor or any other health professional who knows about your physical or mental impairment, learning disability or health condition.

Do you give consent for the NISCC to request a health report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **yes**, please fill in the health report consent form on page 28 this form.

8 About your health – Health Report Consent form

You only need to fill in this form if you have declared a physical or mental health condition on page 27 and want to supply the details of a health professional who can advise us about your condition.

If you want to supply the details of more than one health professional, please copy this consent form and attach it to your application.

To

Name of health professional	_____
Health professional's position	_____
Address	_____ _____ _____
	Country _____
Main phone number (<i>with dialling codes</i>)	_____

From

Applicant's name	_____
Home address	_____ _____ _____
	Country _____
Date of birth	<input type="text" value="DD / MM / YYYY"/>

My consent

I give you consent to release information about my physical and/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	<input type="text" value="DD / MM / YYYY"/>
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9 Payment

Before you fill in this section, read pages 24 and 25 of the General Guidance Notes.

The application fee is £155. You must enclose your payment with this application.

Please note that if the fee is the wrong amount or no fee is enclosed, the NISCC cannot proceed with your application and the form will be returned to you.

Letter of verification

Do you hold a letter of verification issued by the Central Council for Education and Training in Social Work (CCETSW) or the NISCC?

Yes No

If yes, what is the reference number from the letter?

Alternatively, you can enclose a copy of your letter of verification with your application.

evidence

With a letter of verification your application fee is £30.

How do you plan to pay?

Cheque Bank draft

To pay by cheque or bank draft

Your cheque or bank draft **must be in sterling** and made payable to the 'Northern Ireland Social Care Council'. Write your name and date of birth and, if you have one, your SCR number on the back. Please record your cheque or bank draft number here:

Cheque number

Bank draft number

I declare that:

- I have read all the guidance notes that are included 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, my university, any regulatory, competent or licensing body or another third party about information in my application.
- I understand that the Northern Ireland Social Care Council will investigate allegations of misconduct against me which could call into question my registration.
- I understand that if I fail to inform the Northern Ireland Social Care Council about any issue deemed relevant to my registration which is subsequently identified, my registration could be called into question.
- I agree to pay an annual fee for the duration of my registration.
- I agree to tell the Northern Ireland Social Care Council as soon as is reasonably practical about;
 - any changes to my employment status;
 - any changes to my contact details in and outside the UK;
 - any events that call into question my good character, such as criminal convictions, criminal proceedings or cautions that I receive;
 - any disciplinary action taken against me; and
 - 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, it 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 workforce.
- I have enclosed my payment.
- I have read the data protection statement and understand that by signing and sending in my application form I consent to the processing of my personal data and sensitive personal data in the ways described in it.

I enclose: (please tick)

- verified identity documents to support my answers in Section 1 – Your details
- verified documentary evidence to support my answers in Section 2 – Your social work qualification
- additional information to support my answers in Section 4 – Employment history
- a copy of my certification, licence or letter to support my answers in Section 5 – Other regulatory bodies
- additional information to support my answers in Section 6 – Character and conduct
- additional information to support my answers in Section 8 – About your health
- my health report consent form
- my cheque or bank draft for £

Name

Signature

Date

DD / MM / YYYY

Data protection

The NISCC is registered with the information Commissioner, and information supplied by you in connection with this application will be processed in accordance with the provisions of the Data Protection Act 1998.

Reasons for obtaining and processing information

- We may use the information which you give us to:
- Keep in contact with you;
- Process your application;
- Maintain accurate information including information contained in the Social Care Register;
- Assist in any subsequent investigation of your conduct;
- Protect the public;
- Monitor trends in the social care workforce; and
- Provide reports on the Social Care Register.

Equal opportunities monitoring

Please note that any information provided by you on an equal opportunities monitoring form will only be used for the purposes of monitoring trends and providing reports on the Social Care Register. Reports will not identify any individuals.

Making information public

The NISCC will make public the register and other information in accordance with the provisions of the Care Standards Act, Rules made by the Council under the Act from time to time and any other legislation requiring publication.

Sharing information which is not publicly available

The NISCC will share information where required to do so by legislation or by the courts. If we are satisfied that this is in accordance with the terms of the Data Protection Act 1998 and that the other organisation is under a duty to comply with the requirements of the Data Protection Act 1998 (or with comparable legislation, if the organisation is situated outside the UK), the NISCC may also share information, including:

- your previous names, if any;
- your date of birth;
- your qualifications;
- your work or course address (except where disclosure would reasonably be expected to expose you to danger) and any work history; and
- any action taken in relation to previous conduct which you have declared in this form, with:
 - educational establishments;
 - employers or employment agencies;
 - the care Council for Wales;
 - the General Social Care Council;
 - the Scottish Social Services Council;
 - other regulatory bodies;
 - the police;
 - the courts;
 - government departments or agencies acting on their behalf; and
 - similar organisations within or outside the UK.

Consent

By signing and sending us this form, you consent to the processing of your personal information in the ways described above.

Equal opportunities monitoring form

- 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 Male Female 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? Yes No

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 specify)

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? Yes No

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?

