

# Application for Change of Part

from the **Student** or **Social Care Worker** Part of the Register to the **Qualified Social Work** Part of the NISCC Social Care Register



### Who should use this form:

- ✓ Use this form if you are already registered with the NISCC, on the part of the Register for Students or part of the Register for Social Care Workers
- ✓ Use this form if you are applying to the part of the Register for Qualified Social Workers
- ✗ Do not use this form if you are applying for registration for the first time.

### Applicant Details (please complete)

**Full Name**.....

.....

**Social Care Register Number**

**NI/**.....

### Registration Helpline

Please contact the registration helpline should you require any assistance with completing this form. Helpline open Monday to Friday 10.00-12.00 and 14.00-16.00

**Telephone number:**  
028 9041 7633

**Email:**  
registration@  
nisocialcarecouncil.org.uk

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

### How to Complete this Application Form

Answer all questions in full



Give your application form to the person who will Endorse your application. If applicable a Countersignatory should also sign.



Read, sign and date the Personal Declaration



Return the following documentation to the NISCC:

- Application Form
- Your payment
- Health Consent Form (If a health condition has been declared)

**Finally - use the Checklist on page 14 to make sure you have included everything you need for your application to change your registration.**

### Data Protection

Information on this form will be treated as confidential. NISCC is registered with the Information Commissioner and data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998.

## Section 1 Personal Details

NISCC Registration Number: NI/

Title (Mr, Ms, Mrs, etc)

Surname

Forename(s)

Have your contact details changed since you originally applied for registration?

No  please go to Section 2

Yes  please give details below

### Home Address Details

Flat Name

Flat Number

Building Name

Building Number

Street

Town

Postcode

### Contact Numbers

Home telephone number

Work telephone number

Mobile telephone number

Email address

## Section 2 Qualifications

Please supply details of your professional qualification. (If you are still completing your professional qualification, please provide details below about your course.)

**BSW Bachelor of Social Work**

**BSc (Hons) Social Work**

**Other** (please specify)

**At which educational establishment did you study for the qualification?**

**Name of Awarding Body**

**When did you study for the qualification?** DD / MM / YYYY

From

to

**Date of Award** DD / MM / YYYY

**Certificate Number** (if known)

**Your name when you qualified**

## Section 3 Employment Details

### Current Employment Circumstances

Tick the box that best describes your current circumstances. Please note, more than one box may apply. If you are currently employed in social care work, please provide further details below.

I am currently a student

I am employed in social care work

I am currently unemployed

### Employment Details

Your Job Title

Employer's Name

Employer's Phone Number

Employment Address (ie address of the place where your work)

Building Name

Building Number

Street

Town

Postcode

Country

Employer's Head Office (if different to address above)

Building Name

Building Number

Street

Town

Postcode

Country

Date you started this job DD / MM / YYYY

## Section 4 Change in Circumstances

Please tick the appropriate boxes in each section and if you tick 'yes' provide the information requested.

(i) Has there been a change in the status of your registration with another Regulatory Body?

No  Yes

Name of Regulatory Body	Date and Details of Change	Registration No. or equivalent	Name Registered as

(ii) Has there been any new disciplinary finding or are you currently the subject of an employer's disciplinary finding/University Fitness to Practise finding since your Registration?

No  Yes

Details of Disciplinary Finding/Investigation	Date of Finding	Name of Employer or Other Organisation

(iii) Has there been any new criminal investigation of which you are the subject, any new criminal convictions or any criminal charges pending?

No  Yes

Details of Conviction/Charge/Sentence	Date	Court/Police Station

(iv) Has there been any new caution, or have you been bound over since your Registration?

No  Yes

Details of Caution or Binding Over	Date	Police Station

(v) Have you ever been investigated as a perpetrator of child or adult abuse?

No  Yes

If yes, please give details. If possible, please provide approximate dates.

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Please continue on another sheet as necessary and remember to attach it to your form.  
Failure to declare any details may be considered as a fraudulent act and could affect your Registration.

## Section 6 Endorsing and Countersigning the Application

### Who should endorse and countersign your application?

Your application must be endorsed (and in some cases countersigned) by someone to confirm your identity and your suitability to work in social care. The most suitable person to endorse and countersign registration applications will vary according to your current employment status.

### I am not yet employed in Social Care Work

If you are a student who is completing or has recently completed the professional qualification in social work, ask your Course Director to endorse your application. **You will not need a countersignature.**

### I am not yet employed, but have been offered a job in social care work?

If you are a student who has recently completed or is completing the professional qualification in social work, ask your Course Director to endorse your application and your new employer to countersign your application.

The NISCC will agree with your new employer who can countersign your application. You should ask your new employer / manager for advice on which member of the organisation can countersign your application. If you have any problems finding out who the countersignature should be, you or your manager should contact the NISCC for advice.

### I am employed in Social Care Work

If you are employed in Social Care Work, ask your employer to endorse your application.

The NISCC will agree with your employer who can endorse your application. You should ask your employer / manager for advice on which member of the organisation can endorse your application. If you have any problems finding out who the endorser should be, you or your manager should contact the NISCC for advice. **You will not need a countersignature.**

## Section 6a Endorsing the Application

We ask you for endorsement so that

- we can receive some assurance that the criminal and disciplinary declaration by the registrant is correct
- we can receive assurance from a social work course provider or social service employer that there is no reason why the registrant should not be considered suitable for registration on the Social Work Part of the Register

### Details of the person who is endorsing the application

Forename  Surname

Name of the Organisation

What is your position in the organisation?

How long have you known the applicant?

Telephone Number

Email

### Please read and sign this Declaration

I have reviewed the information stated in Section 4 against the Registrant's personnel records.  
I declare that: (Please tick as appropriate)

I am not aware of any reason why the registrant should not be considered suitable for registration on the Social Work Part of the Register

Or

I am aware of a reason why the registrant should not be considered as suitable for registration on the Social Work Part of the Register. (Please use this space below to provide further information.)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Signature ..... Date .....

Please pass the form back to the applicant

## Section 6b Countersigning the Application

We ask you for a countersignature so that

- we can receive some assurance that the criminal and disciplinary declaration by the registrant is correct
- we can receive assurance from a social work course provider or social service employer that there is no reason why the registrant should not be considered suitable for registration on the Social Work Part of the Register

### Details of the person who is countersigning the application

Forename  Surname

Name of the Organisation

What is your position in the organisation?

How long have you known the applicant?

Telephone Number

Email

### Please read and sign this Declaration

I have reviewed the information stated in Section 4 against the Registrant's personnel records.  
I declare that: (Please tick as appropriate)

I am not aware of any reason why the registrant should not be considered suitable for registration on the Social Work Part of the Register

Or

I am aware of a reason why the registrant should not be considered as suitable for registration on the Social Work Part of the Register. (Please use this space below to provide further information.)

.....  
.....  
.....  
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.....  
.....

Signature ..... Date .....

Please pass the form back to the applicant

## Section 7 Your Health

Please note any changes that may have occurred to your health **since you were first registered**, that may affect your ability to undertake your work in social care. If you answer 'Yes' to a question, please give a brief description of the relevant health condition and read the information on page 10 about your consent to a health report.

### Conditions we need to know about include:

- Conditions which may cause seizures
- Conditions that may result in short term memory loss or lapses in memory
- Treatment or medication you are taking that may result in short term memory loss or lapses in memory
- Serious communicable diseases
- Serious mental ill health or its treatment
- Substance dependence including substance dependence for which you are receiving treatment

### 1. Please answer the following questions regarding any physical or mental health condition that may affect your ability to undertake your work in social care:

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

No  Yes (If Yes, please specify below)

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

No  Yes (If Yes, please specify below)

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.....

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

No  Yes (If Yes, please specify below)

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.....

.....

## Section 7 Your Health (continued)

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

No

Yes

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

If you have answered **No**, please complete 'Your Consent to a Health Report' below.

### Your Consent to a Health Report

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



## Consent for Release of Health Information

**To:**

**Name of Health Professional** .....

**Address**.....

..... Postcode.....

**Phone Number** .....

**Health Professional's Position**.....

**From:**

**Home Address**.....

..... Postcode.....

**Date of Birth** (DD/MM/YYYY) .....

## My Consent

I give consent to release information about my physical or mental health to the Northern Ireland Social Care Council.

The information you provide will relate to my physical and mental health and your opinion on its effect on my ability to work in social care.

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

**Signature** .....

**Date** (DD/MM/YYYY) .....

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

We will use the information that you provide to:

- Process your application
- Update and maintain the Register
- Keep in touch with you
- Process any matters relating to your Registration (if your application is successful)

The following information will be available to the general public, including on the Northern Ireland Social Care Council website:

- Your full name and title
- Your Registration Number
- The postal town of your work address

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

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

We will provide your employer with information about:

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

We will also inform your employer if you have been removed from the Register.

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

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

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

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

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

## Section F Personal Declaration



I declare that:

- All of the information that 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 renew my Registration if I have given false information and/or have withheld relevant details.
- I understand that the Northern Ireland Social Care Council may contact me or the people who have endorsed or countersigned (if applicable) my application for Registration about information stated in my application.
- I understand that the Northern Ireland Social Care Council will investigate allegations of misconduct against me that could call into question my Registration.
- I agree to tell the Northern Ireland Social Care Council as soon as reasonably practical about:
  - > Any changes to my health that may affect my suitability to work in social care, including in management positions, in social care education and training, and in contact with service users.
  - > Any events that call into question my good character such as criminal convictions, criminal proceedings or cautions that I receive.
  - > Any disciplinary action taken against me.
  - > Any changes to my personal details.

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

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

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

By signing and submitting this form I confirm that I have read and understand the Data Protection Statement overleaf. I agree to make timeous payment of fees and continue to undertake my Post Registration Training and Learning throughout the period of my Registration.

If applicable, please tick the following box before signing this Personal Declaration.

I have fulfilled any condition(s) attached to my Registration and have attached the evidence required by the NISCC

**Applicant Signature:**

**Print Name:**

**Date:** (DD/MM/YYYY)

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

## What to do Next

### How to pay?

The registration fee is £30 per year. You must send your first year's registration fee with this application. The fee is tax deductible. Please make your cheque payable to the **Northern Ireland Social Care Council**.

If your application is refused for any reason, the £30 registration fee will not be returned.

If you are already registered as a social care worker, please call the Registration Helpline (028 9041 7633) for further guidance regarding payment of fees)

### Check your application

- Check that you have answered all the questions and signed the declaration
- Check that your application has been endorsed
- Check that your application has been countersigned, if applicable
- Check that you have completed the health consent forms, if applicable
- Take a photocopy of the completed application for your own records

### Return the following to the Northern Ireland Social Care Council:

- Your payment
- Your completed application and any supporting evidence required

### What happens next?

- We will send you a letter of acknowledgement once we have received your application form.
- When your application to register on the Social Work Part of the Register is successful, we will write to you.
- If we have any concerns about your application, or if we decide to impose conditions on your registration, we will keep you informed in writing.

**For further advice on registration with the Northern Ireland Social Care Council, contact:**

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

Registration Helpline: Tel: 028 9041 7633 (Helpline open Monday to Friday 10.00-12.00 and 14.00-16.00)

Email: [registration@nisocialcarecouncil.org.uk](mailto:registration@nisocialcarecouncil.org.uk)

Web: [www.niscc.info](http://www.niscc.info)

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