

# Visiting social workers from European Union (EU)/European Economic Area (EEA) or Switzerland



## Declaration form for the temporary provision of services

### Use this form if:

- You are applying to join the 'visiting European part' of Social Care Register (register) for visiting social workers in Northern Ireland.

### Do not use this form if:

- You are applying to join the part of the register for established social workers; or
- You are already registered on the register for established social workers with the Northern Ireland Social Care Council (NISCC) **or** one of the following Social Care Councils:
  - Care Council for Wales;
  - General Social Care Council; and
  - Scottish Social Services Council.

### Your completed declaration can be sent by:

#### Post to:

Northern Ireland Social Care Council  
7<sup>th</sup> Floor Millennium House  
19-25 Great Victoria Street  
Belfast  
BT2 7SQ

**Fax to:** +44 (0)28 90417601

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

Email must be a scanned copy with your signature and the email address it was sent from must be the same as that recorded on the application form.

### Registration helpline

You can contact the registration helpline if you:

- require the declaration form or guidance in any other format; or
- need help to fill in any section of this form.

#### Helpline open

Monday to Friday  
10.00–12.00 & 14.00–16.00

**Phone:** +44 (0) 28 90417633

#### Email:

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

More information about registration and regulation of social workers can be found on the NISCC web site  
**[www.niscc.info](http://www.niscc.info)**

Please check that you have completed all sections of the form and that you have enclosed all the required documentation.

The NISCC **cannot** proceed with your declaration until all of these items are present. **Incomplete declarations will be returned to you. This will result in a delay in processing your registration.**

### 1. Your Details

**First name(s)**.....

**Last name**.....

**Date of birth:** DD / MM / YYYY

## 2. Social Care Register number

Before you fill in this section please read sections 1, 2 and 3 of guidance notes

Have you previously applied for or been registered on the Social Care Register (SCR) with the NISCC or one of the other Social Care Councils? If 'yes' please indicate which Council by ticking the box and provide your SCR Number:

England  Wales  Scotland  Northern Ireland

Your SCR Number:

## 3. Information about your identity

Before you fill in this section please read section 4 of the guidance notes

Please apply in the name you will be providing temporary services under

<b>Title (Mr/Mrs/Ms/Miss/Dr/other)</b>	
<b>First name in full</b>	
<b>Middle name(s)</b>	
<b>Last Name</b>	
<b>Date of birth</b>	<b>DD / MM / YYYY</b>
<b>Place of birth</b>	
<b>Gender</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>

### Nationality

Please state your nationality?

(please read section 4 of guidance notes for the names and abbreviations for each Country)

.....

**Other nationality(s)** .....

### Data Protection - security check:

To help us with our security checks when you contact us or when we contact you we need your passport or national identity card number

	<b>Country</b>	<b>Number</b>
<b>Passport:</b>		
<b>National Identity Card No:</b>		

### Contact Details in your home European Member State

Home address
Country
Main phone number (with dialling codes) (+ ) ( ) ( )
Mobile phone number
Email:
Fax (with dialling codes): (+ ) ( ) ( )

### Contact Details in Northern Ireland (UK)

Home address	
Country	Post code:
Main phone number (with dialling code) ( )	
Mobile phone number	
Email:	
Fax (with dialling code): ( )	

### Future communication

If we need to contact you about your application please tell us where we should contact you:

Home Member State  UK

Tell us if you require future forms or correspondence in large print, or in another format. 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 into other languages.

#### 4 Your Professional Details

Before you fill in this section please read section 5 of the guidance notes

##### Professional title in Member States

For each member state you are established in please give the recognised title of your profession in the language of the member state and the translation into English.

Professional title in language of the Member State	Title in English	Country

##### Professional Activities in Northern Ireland (UK)

Please list the professional services will you be providing on a temporary basis.

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## 5. Your legal establishment in one or more Member States

Before you fill in this section please read section 7 of the guidance notes

Are you legally established in one or more of the member states you have listed to pursue the profession recorded in Section 3?

Yes       No

If you have answered '**yes**', please indicate in which Member State(s) you are legally established? (go to section 4 of guidance notes for the names and abbreviations for each Country)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AT	BE	C	CZ	D	D	EE	EL	ES	FI	FR	H	IE	IT	LT
		Y		E	K						U			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LV	LU	M	NL	PL	PT	SI	SK	SE	C	B	R	IS	LI	N
		T							H	G	O			O

If you have answered '**no**' please read section 7 of the guidance notes.

**A. Regulated Profession** - Is the profession regulated in one or more of the member state(s) you are legally established in?

Yes       No

If you have answered '**yes**' answer questions C and D.

If you have answered '**no**' answer questions B, C and D.

**B. Non regulated profession** - Have you completed at least 2 years professional work experience during the last 10 years in the profession (s) you have listed in the section 'Your professional details'?

Yes       No

If '**yes**' you will need to provide proof of 2 years professional experience in the last 10 years. For examples of suitable documentation go to section 7 of the guidance document.

If you have answered '**no**' please read the section 7 of the guidance notes.

**C. Do you belong to a professional association or an equivalent body?**

Yes       No

If 'yes', please give the following details for each professional association or equivalent body that you belong to:

Name of the body	
Name you are registered in	
Registration number or equivalent	
Date of your registration	
Address	
Country	
Main phone number (with dialling codes) (+ ) ( ) ( )	
Mobile phone number	
Email:	
Fax (with dialling codes): (+ ) ( ) ( )	

**D. Are you subject to authorisation or supervision by a competent administration authority?** (go to section 7 of the guidance for more information)

Yes       No

If 'yes', please give the following details for each competent authority:  
(Please use a continuation sheet if you are subject to authorisation or supervision by more than one competent administration authority. Include your name and date of birth on the continuation sheet.)

Name of the body	
Name you are registered in	
Registration number or equivalent	
Date of your registration	
Address	
Country	
Main phone number (with dialling codes) (+ ) ( ) ( )	
Mobile phone number	
Email:	
Fax (with dialling codes): (+ ) ( ) ( )	

## 6. Supporting Documents

You are required to provide the following supporting documentation with your application:

- Proof of your nationality** (see section 4 of the guidance notes).
- Proof of your legal establishment** (see section 7 of the guidance notes).
- Evidence of your professional qualifications** (see section 6 of the guidance notes).
- If appropriate, proof of 2 years professional experience** (see section 7 of the guidance page notes).

### 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;
- to process your application;
- to maintain accurate information including information contained in the register;
- to assist in any subsequent investigation of your conduct;
- to protect the public;
- to monitor trends in the social care workforce;
- to 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 Health and Personal Social Services Act (2001). Rules made by the Council under that 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 of 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;
- 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;
- 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.

## 7. Personal declaration

### I declare that:

- I have read all the guidance notes that are included with this application form.
- 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 or the competent authority in my home Member State 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 failed to inform the NISCC about any issue deemed relevant to my registration which is subsequently identified it could call into question my registration.
- I agree to tell the Northern Ireland Social Care Council as soon as reasonably practical:
  - any disciplinary action taken against me
  - any changes to my personal details.
- I have read, understand and will comply with the Code of Practice for Social Care Workers.
- I understand that, as a registered visiting social care worker I will be responsible for upholding and promoting the high standards of the social care work force.

### I enclose: (please tick)

- proof of my nationality;
- proof of my legal establishment;
- evidence of my professional qualifications;
- if appropriate, proof of two-year professional experience.

I confirm that the information I have provided in this application is correct and that I intend to provide services on a temporary and occasional basis

Name

Signature

Date: DD / MM / YYYY

**Please check that you have completed all the sections of the form and that you have enclosed all the required documentation. The NISCC cannot proceed with your declaration until all of these items are present. Incomplete applications will be returned to you.**

# 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?