



Northern Ireland Social Care Council

Application Form for Transfer of Registration – Social Worker

**Application form AF3 (NI) – for social workers
already registered with the Northern Ireland Social
Care council who wish to transfer registration to
another UK Social Care/Social Services Council**

August 2006

Produced by:

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Contents

	Page
Introduction	ii
Applying for a Transfer of Registration	li
How to Complete the Application Form for Transfer of Registration	iii
Application Form AF3 (NI) - to Transfer Registration to Another UK Social Care or Social Services Council, in the Part of the Register for Social Workers	1
Section 1 – Transferring registration (must be completed)	2
Section 2 – Your Personal Details	3
Section 3 – Employment Details	4
Section 4 – Disciplinary Record	6
Section 5 – Criminal Offences	6
Section 6 – Your Health	7
Section 7 – Personal Declaration (must be completed)	10
Health Report Consent Form	12

Introduction

Please read the accompanying guidance notes before you start to complete the application form enclosed at the back of this booklet. This application form and the guidance notes contain all the information you need to transfer your registration to another UK Social Care Council, or Social Services Council.

The four UK Social Care Councils, or Social Services Councils are:

- The Care Council for Wales
- The General Social Care Council
- The Northern Ireland Social Care Council
- The Scottish Social Services Council

Applying for a transfer of registration

You should only apply for a transfer if you are already registered with one of the four Care or Social Services Councils in the UK.

If you are not already registered with one of the Care or Social Services Councils in the UK, **do not** complete this form. You should contact the Council in the country where you wish to work, or intend to do most of your work and ask for form AF1.

How to Complete the Application Form for Transfer of Registration

Step 1

Please read the application form in full then complete the sections that are relevant to you. You should give details of any changes in your details since you completed your original application form with the Northern Ireland Social Care Council.

Step 2

You **must** complete Sections 1 and 7 of the application form and sign the personal declaration. (Only complete sections 2 - 6 if your details have changed since you completed your original application to NISCC.)

Step 3

Send the completed form to the Northern Ireland Social Care Council at the address below:

Northern Ireland Social Care Council
Registration Team
Millennium House
7th Floor
Great Victoria Street
BELFAST
BT2 7AQ

Telephone: 028 90 417633

Email: registration@niscc.n-i.nhs.uk

Website Address: www.niscc.info

Please contact us by phone or e-mail should you require information regarding completing the application form, or any other aspect of the registration process.

Application to Transfer Registration to Another UK Social Care or Social Services Council, in the Part of the Register for Social Workers

Form Ref AF3 (NI))

✓ **Use this form if you wish to:**

- **Transfer** your registration from the Northern Ireland Social Care Council. This applies where you are moving the base of your employment across borders.

X **Do not use this form if:**

- You wish to apply for **additional** registration with another UK Care or Social Services Council. Please request form AF4(NI) from the Northern Ireland Social Care Council.
- You are applying to register for the first time. Please request form AF1 from the Council to whom you wish to apply.

Please Note

Registration with another Council is not automatic. Each Council will make its own decisions regarding your suitability for registration.

Completing this registration transfer form

The application form contains seven sections, which are listed below. You **must complete sections 1 and 7** of the application form.

You need only complete **sections (2 - 6) if your details have changed** since you completed your original application form with the Northern Ireland Social Care Council.

Section 1 – Transferring your registration	page 2 (must be completed)
Section 2 – Your personal details	page 3
Section 3 – Employment details	page 4
Section 4 – Disciplinary record	page 6
Section 5 – Criminal offences	page 6
Section 6 – Your health	pages 7 & 12
Section 7 – Personal declaration	page 10 (must be completed)

Section 1 – Transferring Your Registration

Request to transfer your registration

Title: _____ Surname: _____

First name: _____ Other name(s): _____

I wish to apply to be transferred from the Register maintained by the **Northern Ireland Social Care Council** (please tick the box below and fill in your registration number).

My Social Care Registration Number is: _____

I note that my transfer will result in the removal of my entry in the NISCC Social Care Register

Reason for requesting transfer of Registration (state details below)

I wish to apply to transfer my registration to the following Council: [enter name below]

Any information that has changed

If any information held about you has changed you should report the changes in sections 2 - 6 of this form, as appropriate. If any information is about to change, for instance you will be moving home or employment, please provide the dates of the move. There is also space on this form for you to do this.

If you are not clear about what changes you need to report on this form, please telephone the NISCC registration team on 028 9041 7633.

I have no change of information to report

I have a change of information to report

Section 2 – Your Personal Details

If your name has changed since your original registration please state your previous name

Previous Name (if applicable): _____

If your home address or contact details have changed, or are about to change, please complete this section.

Date of Change: _____

Please enter your new home address here (if applicable):

Home Address: _____

Town/City: _____

Post Code: _____

[] Please tick if this is your correspondence address

Home Telephone Number: _____

Mobile Number: _____

E-mail address: (work) _____

(personal) _____

Section 3 – Employment Details

If your employment details have changed or are about to change, please complete this section.

Please give details of your new employment below. If you have not yet started in this employment, please indicate your start date in the space provided.

Type of Job

- Paid full time employment in social care/services
 - Paid part time employment in social care/services
 - Employed by a social care/services employment agency
 - Voluntary full time employment in social care/services
 - Voluntary part time employment in social care/services
 - On secondment in social care/services
 - Self employed in social care/services
 - Employed in work outside social care/services
 - Unemployed
 - Other (please give details)_____
-

Job title: _____

Address of your place of work: _____

Town/City: _____

Postcode: _____

Phone Number: _____

E-mail: _____

Please tick if this is your correspondence address

Employer Name: _____

Employer Address: _____

Town/City: _____

Postcode: _____

Phone number: _____

Date you started this employment (or anticipated start date): (DD/MM/YY) _____

Section 4 - Disciplinary Record

If your disciplinary record details have changed, or are about to change, or are pending, please complete the relevant section.

Please give details of any changes that have occurred to your circumstances since completing your original application form.

Reason for disciplinary action	Outcome (if known)	Date	Employer, regulatory body, or other organisation involved

Section 5 - Criminal Offences

Please give details of any changes that have occurred since completing your original application form. This should include any fixed penalty road traffic offences or endorsements to your licence.

Details of offence	Date of conviction	Court where you were convicted	Sanction / Penalty applied

Data Protection Act 1998

The Northern Ireland Social Care Council 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.

The Data Controller is the Northern Ireland Social Care Council.

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 general public, including on the Northern Ireland Social Care Council website:

- Your full name
- Your registration number
- The postal town (country) of your work address in the UK.

We will provide social service/care employers with information:

- About your full work address unless it is your home address, or the Northern Ireland Social Care Council are satisfied that the disclosure of the address could be reasonably expected to expose you to danger
- Your qualifications
- Any conditions imposed on your registration and any period of suspension from the Register.

We will also inform social service/care employers if you have been removed from the Register.

In the course of processing applications for registration, or maintaining the Register, where we have reasonable grounds for believing that an applicant or registrant may pose a risk to the public (for example through dishonesty, malpractice or other improper conduct), we may exchange relevant information about applicants and registrants with other Social Service/Care Councils, and other regulatory bodies and similar organisations in the United Kingdom and in other countries.

In any case where we share information about your application or your registration with an organisation outside the United Kingdom, we will only permit that organisation to process your personal data for the purposes of fulfilling regulatory responsibilities equivalent to the responsibilities of the Northern Ireland Social Care Council. In relation to information about you which we disclose in this way, any such organisation would be bound by security and confidentiality obligations equivalent to the obligations imposed on the Northern Ireland Social Care Council by the Data Protection Act 1998.

AF3(NI)
Confidential

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

If your application for registration is successful, we will inform your employer of any further decisions made in relation to your registration and the reasons therefore.

If the Northern Ireland Social Care Council finds that you have committed misconduct, we will share our findings by such means as we consider appropriate.

We also use the information in order to provide statistical reports on the Register of Social Workers, Social Care Workers and Students. These reports provide statistical data but do not identify individuals.

By signing and submitting this form you consent to the processing of your personal data in the ways described above.

Section 7- Personal declaration

I declare that:

- I have read, understood and agree to comply with the Code of Practice for Social Care Workers.
- I have read and accept the above data protection reference
- I have read the guidance notes enclosed with this application form
- 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 Council(s) to whom I am applying may refuse to register me if I have given false information and or have withheld relevant details.
- I understand that the Council(s) to whom I am applying may contact me about the information I have supplied.
- I understand that the Council(s) to whom I am applying will investigate allegations of misconduct relating to my work in their country that could call into question my registration.
- I agree that I must tell my Lead Council as soon as reasonably practical about any changes to information about me.
- I understand that if I fail to tell my Lead Council about any changes to the information about me, each of the Councils that I am registered with may consider this to be misconduct.
- I understand that, as a registered social care/services worker, I will be responsible for upholding and promoting the high standards of the social care/services workforce.
- I agree to the sharing of information between any of the relevant Councils to facilitate transfer or additional council registration.
- I agree to undertake the equivalent of 15 days post-registration training and learning and to show evidence that I have done so if asked by any of the Councils with whom I am registered.

Applicant's Signature: _____

Print Name: _____

Date:(DD/MM/YY) _____

Fees

No payment is required with this application form. Your next annual fee will be paid to the Council you transfer to.

Additional Details

The Northern Ireland Social Care Council will facilitate your transfer of registration to the Social Care or Social Services Council that you have requested on page 2 of this application form.

We will also pass on any information that we hold regarding you to the Social Care or Social Services Council you are transferring to. This information may include:

- Your application form or forms;
- Any material or documents associated with this application;
- Your application for renewal of registration (if applicable) and any material or documents associated with this renewal application;
- Any other material or documents or information relating to your registration;
- information about any conditions placed on your registration; and
- Information about any misconduct investigations.

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

Telephone: 028 90 417633
Email: **registration@niscc.n-i.nhs.uk**
Website Address: **www.niscc.info**

Health Report Consent Form

You only need to fill in this form if you have declared a physical or mental health condition in Section 7 'Your Health'.

Consent for release of health information

To:

Name of Health Professional: _____

Address: _____

Town/City: _____

Postcode: _____

Phone number: _____

Health professional's position (e.g. general practitioner): _____

From:

Your name: _____

Home address: _____

Town/City: _____

Postcode: _____

Date of Birth (DD/MM/YY): _____

My consent

I give you 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 of my ability to work in social care.

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

Signature: _____ Date: _____

