

Application to register

On the part of the Social Care Register for social work students

Please read the accompanying guidance booklet before filling in this form

Have you made an application to register with the NISCC before? No Yes



Use this form if:

- ✓ You are applying for registration as a social work student
- ✓ You have accepted a place on the Honours Degree in Social Work in Northern Ireland

Do not use this form if:

- ✗ You have accepted a place to study social work at an educational establishment in England, Scotland or Wales and wish to register as a social work student
- ✗ You hold a recognised social work qualification and are using the title 'Social Worker', you should complete form AF1(NI)
- ✗ You have a social work qualification awarded outside the UK, you should use form AF2(NI).
- ✗ You wish to register to practise as a social care worker in Northern Ireland, you should use form AF8(NI).
- ✗ You are already registered with:
 - The Care Council for Wales
 - The General Social Care Council
 - The Scottish Social Services Council

If you are already registered with one of these councils and wish to apply for **additional** registration with the NISCC, you should use form AF4(NI).

If you are already registered with one of these councils and wish to **transfer** your registration to the NISCC, you should use form AF3(NI).

Registration Helpline

Please contact the registration helpline should you require any assistance with completing this form.

Telephone number:
028 9041 7633

Email:
registration@niscc.ni.nhs.uk

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

For office use only

Name:

.....

SCR No:.....

.....

.....

.....

.....

Checklist (continued)

- Your application fee
(see the application fee information sheet for more information)
- Criminal records check consent form

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. The full data protection statement is set out in section 11. Please read this.

Title
 Mr, Mrs, Miss, Ms, Dr, Other
(please delete/insert as appropriate)

Surname

First name

Middle name(s)

.....

Date of birth (dd/mm/yyyy)
/...../.....

Gender Male Female

Home address

.....

.....

Town/city

..... Postcode

All our correspondence will be sent to your home address.

Contact Details

Home phone number

Mobile phone number

Email address

*It is important that we are able to contact you. You must provide at least **one** preferred method of contact. You can supply more if you wish.*

Other/previous names

Have you ever been known by any other names?
(e.g. married name, maiden name)

No Yes

If yes, please state those names below:

Should you require more space, please continue on a separate sheet of paper and tick this box

National Insurance Number

--	--	--	--	--	--	--	--	--

Password (e.g. purple)

Password prompt (e.g. favourite colour)

We ask for these details to help us confirm your identity should you contact us by telephone regarding your application

Section 2 Details of your social work course

Please tick to show which educational establishment you have accepted a place at to study for the Honours Degree in Social Work in Northern Ireland

Social work course

Queen's University Belfast	<input type="checkbox"/>
University of Ulster (Magee)	<input type="checkbox"/>
Belfast Institute of Further and Higher Education	<input type="checkbox"/>
North Down and Ards Institute of Further and Higher Education	<input type="checkbox"/>
North West Institute of Further and Higher Education	<input type="checkbox"/>
East Tyrone Institute of Further and Higher Education	<input type="checkbox"/>

Please indicate the duration of your chosen course

Two years Three years

Section 3 Current study

Are you currently a student?

- No >> *Go to section 4*
- Yes >> *Please fill in the rest of section 3*

School/educational establishment details

Name of school / educational establishment

Address of the place where you study

.....
.....

Town/city

Country Postcode

Phone number ()

Date you started study at this establishment

DD / MM / YYYY

Do you also do any work in social care?

No >> *Go to section 5*

Yes *Please give details below.*

If you do more than one job, please use the first column for the job that you spend the most time doing.

Employer 1

Type of work

Paid employment in social care

Voluntary work in social care

Employer 2

Type of work

Paid employment in social care

Voluntary work in social care

Job title

Job title

Address of the place where you work

 Town/city
 Country Postcode

Address of the place where you work

 Town/city
 Country Postcode

Phone number ()

Phone number ()

Employer's name

Employer's name

Employers address (if different to above)

 Town/city
 Country Postcode

Employers address (if different to above)

 Town/city
 Country Postcode

Date you started this job
 DD / MM / YYYY

Date you started this job
 DD / MM / YYYY

Section 4 Current employment

You do not need to complete this section if you are a student and have completed Section 3

We need to know if you are currently employed in social care work in a paid or unpaid role. Please tick the box below that best describes your current employment status and give the details we ask for if appropriate.

- I am employed in social care work
- I am a volunteer in social care work
- I am employed as a trainee on the Regional Social Work Degree Trainee Scheme
- I am employed in social care through a recruitment agency
- I am employed outside social care
- I am unemployed

If you are employed in social care by more than one social care employer (paid or unpaid):

- Enter the details of the employer you spend most time with in the first space
- Enter details of the employer you spend the next greatest amount of time with in the second space
- If you have more than two social care employers, please provide their details on a separate sheet.

Details of social care work employer

Employer details

Your job title

Employer's name

Employer's phone No.

Employment address (i.e. address of the place where you work)

.....
.....

Town/city

..... Postcode

Employer's head office address (if different to address above)

.....
.....

Town/city

..... Postcode

Date you started this job (dd/mm/yyyy)/...../.....

Section 4 Current employment (continued)

You do not need to complete this section if you are a student and have completed Section 3

Details of social care work employer

Second employer details (If appropriate)

Your job title

Employer's name

Employer's phone No.

Employment address (i.e. address of the place where you work)

.....

.....

Town/city

..... Postcode

Employer's head office address (if different to address above)

.....

.....

Town/city

..... Postcode

Date you started this job (dd/mm/yyyy)/...../.....

Details of recruitment agency

Your job title

Recruitment agency's name

.....
.....

Agency's phone number

Agency's address

.....
.....

Town/city

..... Postcode

Date you started work with this agency

(dd/mm/yyyy)/...../.....

Name and address of organisation where you are currently working

.....
.....

Organisation phone number

I am employed outside social care

Are you currently, or have you ever been, registered with one of the regulatory bodies in the list on the right?

No Yes, currently Yes, previously

Name of regulatory body

.....

Name you are/were registered under

.....

Registration number or equivalent

Dates registered (dd/mm/yyyy)

From/...../.....

To/...../.....

Reason for not continuing this registration (if applicable)

.....

.....

.....

- British Psychological Society (chartered membership only)
- General Chiropractic Council
- General Dental Council
- General Medical Council
- General Optical Council
- General Osteopathic Council
- General Teaching Council
- General Teaching Council for Northern Ireland
- General Teaching Council for Scotland

Are you currently, or have you ever been, registered with a regulatory body, or licensing association outside of the UK?

No Yes, currently Yes, previously

Name and address of regulatory body or licensing organisation

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

Name you are/were registered or licensed under

.....

What are/were you registered or licensed as?

.....

Registration, licence or equivalent reference number

.....

Dates registered (dd/mm/yyyy)

From/...../.....

To/...../.....

Reason for not continuing this registration (if applicable)

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

- General Teaching Council for Wales
- Health Professions Council
- Nursing and Midwifery Council
- Pharmaceutical Society of Northern Ireland
- Royal Pharmaceutical Society of Great Britain

Section 7 Disciplinary record (continued)

Please give full details below of any current disciplinary finding against you, by an employer or other organisation, either within or outside the UK. Please attach additional pages if necessary and tick this box

Reason for disciplinary action	Outcome	Date (dd/mm/yyyy)	Name of employer or other organisation

Please give full details of any disciplinary action pending, or taken against you by any regulatory body or licensing organisation, either within or outside the UK. Please attach additional pages if necessary and tick this box

Reason for disciplinary action	Outcome	Date (dd/mm/yyyy)	Name of regulatory body or licensing organisation

The Rehabilitation of Offenders (Northern Ireland) Order 1978 and people in social care work

The Rehabilitation of Offenders (Northern Ireland) Order 1978 allows some criminal offences to become spent after a fixed period. However, for occupations in social care, the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979 requires you to declare convictions even if they are spent.

Formal Caution

A formal caution is an official warning given by a police officer to someone who has committed a criminal offence. It is recorded and will be taken into account by the police or by the court when considering how to deal with any further offences.

Conviction

A conviction is a record of having been found guilty of committing a criminal offence. Accordingly:

- a) If someone is recorded by a court as being guilty of committing a criminal offence he is said to have been 'convicted' by the court of committing the offence; and
- b) If someone is said to have a 'conviction' of an offence, he has a record of having been found guilty by the court of that offence.
- c) As this refers only to those matters heard by a court which result in a conviction made subsequently, on-the-spot fines or penalty points need not be disclosed.

Spent Conviction

This is where, after a certain amount of time, a conviction for an offence need not be disclosed to employers and cannot be taken into account by, for instance, the courts. The amount of time which must pass before a conviction is treated in this way varies and depends on a number of factors, such as, the nature and the seriousness of the offence or the sentence imposed. In any event, once sufficient time has passed the conviction is referred to as 'spent'. However, under the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, 'spent' convictions must be disclosed to an employer where the post involves working with children or other vulnerable groups.

Bound Over

If a person is found guilty of an offence in the Magistrate's Court, the Magistrate has a number of options. One of these options is to order the guilty party not to commit any more offences within a certain period on the basis that if further offences are committed during that period those further offences will be dealt with more harshly. This is called 'binding over' an offender.

Have you ever been convicted of a criminal offence in the UK, or any other country? No Yes

If yes, please give details.

Details of conviction	Date of conviction (dd/mm/yyyy)	Court where you were convicted

Do you have a formal criminal charge pending in the UK, or any other country? No Yes

If yes, please give details.

Details of charge	Date of charge (dd/mm/yyyy)	Police station

Have you ever received a formal caution or been bound-over in the UK, or any other country? No Yes If yes, please give details.

Details	Date (dd/mm/yyyy)	Police station / court

Have you ever been the subject of an Adult or Child abuse investigation?

No Yes

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

Criminal Records Check

In order to complete the registration process, **all applicants** must complete the Request for Criminal Records Check consent form, included separately from this application form.

Non-UK Police Report

If you have spent 12 months (or more) outside the UK within the five years prior to this application, you are also required to submit a criminal records check from the country in which you were living. Please tick this box if a non-UK police report is included with your application.

1. Please indicate below if you have a 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 Yes, please specify.

- 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.

- 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.

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

No Yes

If you have answered **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 and complete the form(s) in section 10 to provide details for the person(s) who will be able to report on your health condition.

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's occupational health advisers and will remain confidential.

← *Health consent forms are available in section 10.*

Do you wish to give consent to a health report?

No Yes

Section 10 Health consent form

You only need to fill in this form if you have declared a physical or mental health condition in section 9

To:

Name of health professional
.....
Address
..... Postcode
Phone number
Health professional's position

Such as general practitioner or hospital consultant

From:

Your name
Home address
.....
.....
Postcode
Date of birth (dd/mm/yyyy)

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 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

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Date

--



Section 10 Health consent form

You only need to fill in this form if you have declared a physical or mental health condition in section 9

To:

Name of health professional

.....

Address

..... Postcode

Phone number

Health professional's position

Such as general practitioner or hospital consultant

From:

Your name

Home address

.....

.....

Postcode

Date of birth (dd/mm/yyyy)

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 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



I declare that:

- I have read the application pack that is enclosed 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 about information in my application.
- I understand that the Northern Ireland Social Care Council will inform the educational establishment to which I have been accepted about the outcome of 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 undertake 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, and be in contact with service users
 - any events that call into question my good character such as criminal convictions, criminal proceedings or formal cautions that I receive
 - any disciplinary action taken against me
 - 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, the Council 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 work student, I will be responsible for upholding and promoting the high standards of the social care profession.

Name

Signature

Date

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 social work degree course

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 educational establishment about the outcome of your application and the reasons for our decision.

We will provide social care employers and educational establishments 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 social care employers and educational establishments 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 consent to the processing of your personal data in the ways described above.

- 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

Female Male Transexual

Date of Birth

Marital status

Single Married 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?

No Yes

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 describe)

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? No Yes

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?

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