



Change of Circumstances Form

Please complete relevant sections

Registration Number: Date of Birth:
Name Registered Under:

Personal Details

New Details

Validation required, please enclose with your form

Title:
Surname:
Forenames:

Marriage: a copy of your marriage certificate endorsed by your employer as having seen the original.
Divorce/separation, Other reason for name change: If reverting back to your name at birth, no supporting evidence is required. If not, an endorsed copy of identification with new name.

Home Address:

Date any change in this section is effective from:
DD/MM/YYYY
If this is not a change of address please mark 'X':

Home Tel:
Mobile No:
Home Email:

Employment Details

New Details 1

New Details 2

Work Address 1:

Work Address 2:

Work Tel:
Work Email:

Work Tel:
Work Email:

Position:

Position:

Employer 1:

Employer 2:

Employer's Address 1:

Employer's Address 2:

Effective Date:

Effective Date:

Tick here if you're currently undergoing the Assessed Year in Employment.

Please ensure you complete overleaf, sign and date

Which area of work are you employed in? Please tick the appropriate section:

Social Work	
Domiciliary Care Manager	
Adult Residential Care Worker	
Other, <i>please specify</i>	

Residential Child Care Worker	
Head of Residential Care Home	
Head of Day Care Facility	
Trainee on the Regional Trainee Scheme	
Student	

Please provide information about any change in the status of your registration with another Regulatory Body.

Name of Regulatory Body	Date and details of change	Registration No. or equivalent	Name registered as

Please provide information about any new disciplinary finding against you.

Details of disciplinary finding	Date of finding	Name of employer or other organisation

Please provide information about any change to your physical or mental health that may affect your ability to undertake your work in social care?

Details of health condition	Date

Please provide information about any new criminal investigation of which you are the subject, any new criminal convictions or any changes pending or alternatives to prosecution.

Details of conviction/charge/alternative to prosecution	Date	Court/Police Station

REMOVAL FROM THE REGISTER**

I wish to apply for voluntary removal from the NI Social Care Register. The reason for my request is as follows:-

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**** Students wishing to withdraw or 'take a break' from the Degree in Social Work course should ensure that the appropriate notification form is submitted to the Council by their Educational Establishment.**

Signature:	Date:
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