

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.

Registration Helpline

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

Telephone number:
028 9041 7633

Email:
registration@niscc.n-i.nhs.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
- Request for Criminal Records Check Form
- Cheque payment
- Health Consent Form (If a health condition has been declared)

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) Are you currently the subject of an employer's disciplinary finding or a University Fitness to Practice finding?

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	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

Please continue on another sheet as necessary and remember to attach it to your form

Please note: you must also complete the attached Request for Criminal Records Check form

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.)

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

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.

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 indicate below if you have a physical or mental health condition that may affect your ability to undertake your work in social care/services:

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)

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

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)

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

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)

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

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's health advisers and will remain confidential. Please complete the Health Consent Form attached overleaf.

Do you wish to give consent to a health report?

No Yes



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)

Section 8 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 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. I agree to make timeous payment of fees and to undertake my post registration training and learning throughout the period of my registration.

Signature:

Print Name:

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 work address/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 employer/educational establishment about the outcome of your application and the reasons for our decision.

We will provide your employer/educational establishment 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/educational establishment 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 organizations 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 organization, we will only do so where we are satisfied that the organization 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.

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 you have completed the Criminal Records Check consent form (included separately from this form)
- 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
- In order to improve our services, the NISCC always welcomes feedback about registration. Please complete the feedback form (optional).

Send your application to us at:

The Registration Department
Northern Ireland Social Care Council
7th Floor Millennium House
19-25 Great Victoria Street
Belfast
BT2 7AQ

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.

Approximately how long did it take you to fill in the form?

Did you find anything about the form or the questions on it surprising?

No Yes *(please give details)*

.....

.....

.....

.....

.....

How did you feel about the amount of explanatory information provided?

Not enough
 About the right amount
 Too much

Did you call NISCC for help with the form?

No Yes

What did you call about?

.....

.....

.....

.....

Was the person who took your call able to help you?

No Yes

Have you any further comments about the application form?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Do you have access to the internet?

No Yes

Would you have preferred to have completed this form online?

No Yes

We may have to contact you for more feedback on the application form. Would this be OK?

No Yes

Name _____

Phone Number _____

Email _____

Thank You

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
Email: registration@niscc.n-i.nhs.uk
Web: www.niscc.info

©NISCC March 2007

N_RATQSW_V2_Mar07