



Scottish
Social Services
Council

APPLICATION FOR SOCIAL WORKERS WHO TRAINED AND QUALIFIED OUTSIDE SCOTLAND, ENGLAND, NORTHERN IRELAND AND WALES

APPLICATION TO REGISTER WITH THE SCOTTISH SOCIAL SERVICES COUNCIL IN TERMS OF SECTION 44 OF THE REGULATION OF CARE (SCOTLAND) ACT 2001.

IF YOU WOULD LIKE TO REQUEST THIS DOCUMENT IN ANOTHER FORMAT, PLEASE CONTACT THE SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) ON 0845 60 30 891.

Contact information

HELPLINE

Lo-call: 0845 60 30 891

Open Monday to Friday, 9am to 5pm
(Wednesday 10am to 5pm)

If you are calling from outside the UK please call: 00 44 1382 207101

EMAIL

registration@sssc.uk.com

ADDRESS

Scottish Social Services Council

Compass House

11 Riverside Drive

Dundee

DD1 4NY

Scotland

WEBSITE

www.sssc.uk.com

DATA PROTECTION ACT 1998

The Scottish Social Services Council (SSSC) 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 SSSC.

Further details of how we will use the information that you provide can be found at section 11 of this form.

EQUAL OPPORTUNITIES

If you choose to complete the Equal Opportunities Monitoring Form accompanying this form you will be helping us ensure equality of opportunity for all social service workers.

Information supplied on the monitoring form **will not** be used to help us decide whether you are suitable for registration.

YOUR RIGHTS TO MAKE A COMPLAINT

We aim to deal with applications as promptly and accurately as possible and in accordance with the SSSC Registration Rules. If you are not happy with how we are dealing or have dealt with the processing of your application form please telephone in the first instance on lo-call 0845 60 30 891 and speak to a member of the Registry staff, or the Registration Manager.

If you continue to be dissatisfied and wish to make a written complaint, a copy of the complaints leaflet can be obtained from this office. A copy of the SSSC's Complaints Policy is available on the SSSC website at www.sssc.uk.com.

FEEDBACK

Please help us improve our registration process by filling in the feedback form at Section 13 and returning it with your application.

Please read the guidance accompanying this form. Please note that the provision of incomplete, false or misleading information (including withholding relevant details) may result in criminal sanctions, the SSSC refusing to register or removal from the Register.

YOUR DETAILS

SECTION 1

1.1 Title (Mr, Mrs, Ms etc)

1.2 Surname

1.3 First name

1.4 Other forenames

1.5 Date of birth

1.6 Gender

Male Female

1.7 National Insurance number/passport number

1.8 Your contact details outside of UK (if applicable)

1.8.1 Home address

Town/City

Country

Postcode

1.8.2 Daytime phone number (with dialling codes)

1.8.3 Mobile phone number

1.8.4 Email address

1.9 Your contact details in the UK (if applicable)

1.9.1 Home address

Town/City

Country

Postcode

1.9.2 Daytime phone number (with dialling codes)

1.9.3 Mobile phone number

1.9.4 Email address

1.10 Future communication

If we need to contact you about your application please tell us which contact details we should use indicating when those contact details are valid:

Outside UK Inside UK

Date until Date from

1.11 Previous or other names

1.11.1 Have you ever been known by any other names, including your name at birth

Yes No

If 'Yes' please complete 1.11.2, if 'No', please go to **section 2**

1.11.2 What were those names?

YOU MAY ALREADY BE WORKING IN THE UK, OR CURRENTLY WORKING ABROAD AND PLANNING TO WORK IN THE UK IN THE FUTURE. PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS AND GIVE DETAILS.

If you work for two or more employers, tick the box that applies to each job and give the details we ask for.

- I am employed in social service work by a statutory, voluntary or private social service organisation. Please tick this box and give the details on the following page.
- I am working on a voluntary basis for a statutory, voluntary or private social service organisation. Please tick this box and give the details on the following page.
- I am on secondment to a statutory, voluntary or private social service organisation. Please tick this box and give the details on the following page.
- I am employed in social service work by an employment agency. Please tick this box and give the details on the following page.
- I am self employed in social service work. Please tick this box and give the details on the following page.
- I am employed outside social services.
- I am currently unemployed
- Other – please give details:

Are you about to take up a post(s) in social services in Scotland?

- Yes No

If you work for two social service employers, please complete the details of both employers. If you work for more than two social service employers, please continue on a separate sheet of paper and tick this box . Please print your name on the separate sheet, sign and date it, and enclose it with this form.

EMPLOYMENT 1

2.1 Job title

2.2 Employer's name

2.3 Address of your workplace

Town/City

Country

Postcode

2.4 Work phone number (with dialling codes)

2.5 Work email address

2.6 Organisation head office address
(if different from above)

Town/City

Country

Postcode

EMPLOYMENT 2

2.7 Job title

2.8 Employer's name

2.9 Address of your workplace

Town/City

Country

Postcode

2.10 Work phone number (with dialling codes)

2.11 Work email address

2.12 Organisation head office address
(if different from above)

Town/City

Country

Postcode

2.13 Please tick the box that best describes the nature of your work and work setting. If you work for two or more employers, tick the box(es) that applies to each job.

Employer		Nature of work	Employer		Work setting
1	2		1	2	
<input type="checkbox"/>	<input type="checkbox"/>	children and young people	<input type="checkbox"/>	<input type="checkbox"/>	field work
<input type="checkbox"/>	<input type="checkbox"/>	community care	<input type="checkbox"/>	<input type="checkbox"/>	residential
<input type="checkbox"/>	<input type="checkbox"/>	criminal justice	<input type="checkbox"/>	<input type="checkbox"/>	day care
<input type="checkbox"/>	<input type="checkbox"/>	registration and inspection	<input type="checkbox"/>	<input type="checkbox"/>	hospital/hospice
<input type="checkbox"/>	<input type="checkbox"/>	education and training	<input type="checkbox"/>	<input type="checkbox"/>	housing
<input type="checkbox"/>	<input type="checkbox"/>	other, please specify below	<input type="checkbox"/>	<input type="checkbox"/>	other, please specify below

2.14 How many hours per week are you contracted to work for?

35 hours or more Less than 35 hours

2.15 Have you spent more than one year in the last five years outside the UK?

Yes No

If you have answered 'Yes', we will require a police check. Please refer to the information about Good Character and Conduct in the guidance.

2.16 Have you worked for your social service employer(s) for more than five years?

Yes No

If 'Yes', please go to section 4, if 'No', please complete section 3 first

EMPLOYMENT, STUDY AND SABBATICAL HISTORY

SECTION 3

We need to collect details of your employment, study and sabbatical history for the last five years.

3.1 Starting with your current employment, please provide details for the last five years of:

- your employment, including work outside social services
- any time spent outside the UK (we may write to you for more information about this)
- any periods of study
- any time you spent on a sabbatical or time away from work or study
- any time spent working on a voluntary basis
- **any period not accounted for in the above**

Dates	Job title	Employer or educational establishment's name and address
From MM/YYYY		
To MM/YYYY		
From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please continue on a separate sheet of paper if necessary and tick this box
 Please print your name on the separate sheet and sign and date it, then enclose it with your application.

Before you fill in this section, read the guidance notes for section 4, the Qualifications for Social Workers document and your country assessment guidance if applicable. The country assessment guidance is updated regularly, you can access this through the SSSC website.

4.1 Do you have a Letter of Verification that was issued between 1990 and 30 April 2004 by CCETSW or the General Social Care Council (GSCC)?

Yes No

4.2 If 'Yes', please supply the reference number of the letter (if known)

There are two parts to this section. Part A asks general questions about your social work qualification. Part B asks for more detailed information about your qualification.

You **must** complete:

- part A – questions 1 to 11
- part A – questions 12 to 15, only if required by the assessment guidance
- part B – questions 1 to 6 only if required by the assessment guidance.

If you need to tell us about more than one professional social work qualification that you have successfully completed, please photocopy the whole of section 4 and complete for each of those qualifications.

Part A: General information about your qualification

You must complete questions 1 to 11.

1 In which country did you complete your training in social work?

2 What is the title of your social work qualification **in the original language** as it appears on the evidence of your social work qualification, including any specialisation.

3 What is the title of your social work qualification **in English** as it appears on the evidence of your social work qualification, including any specialisation.

4 What is the date that your social work qualification was awarded (as it appears on the evidence of your social work qualification)?

/ /

5 What is the name of the educational institution where you studied **in the original language**?

6 What is the name of the educational institution where you studied **in English**?

7 Who can we contact there if we need further information about your qualification?

Contact's name

Job title

Address

Town/City

Country

Main telephone contact number
(with dialling code)

Enquiries contact number
(with dialling code)

Website address

Email address

8 Is the name of the body which awarded your social work qualification **different** from the educational institution where you studied?

Yes

No

If **'Yes'**, please provide the name of the awarding body **in the original language**.

9 What is the name of the awarding body **in the original language**?

10 What is the name of the awarding body **in English**?

11 Please provide contact details for the awarding body.

Contact's name

Job title

Address

Town/City

Country

Main telephone contact number
(with dialling code)

Enquiries contact number
(with dialling code)

Website address

Email address

You only need to answer question 12 to 15 if required to do so by the country assessment guidance for your country of training.

12 As part of your social work training were your placements supervised and assessed?

Yes

No

If you have answered 'Yes', answer questions 13 and 14. If you have answered 'No' answer question 14.

13 As part of your social work training:

How many supervised and assessed practice placements in a social work role did you complete?

Total number of placements

What was the total number of days you completed in supervised and assessed practice placements in a social work role? Six hours is counted as a day.

Total number of days

14 If you told us in question 12 and 13 that your placements were not supervised and assessed or that you have completed less than 130 days practice placements in your social work training, please tell us which periods of relevant post qualifying social work employment you want us to take into account to make up for the shortfall:

Date From	To	Employer's name	Number of days (6 hours is counted as a day)

15 Description of your roles and responsibilities for each post-qualifying social work employer.

Please continue on a separate sheet of paper if necessary and tick this box

Please print your name on the separate sheet and sign and date it, then enclose it with your application.

The country assessment guidance for your country of training will tell you whether you need to complete part B. Go to section 5 – Other regulatory bodies or licensing organisations if you do not need to complete part B.

Part B: More detailed information about your qualification.

You must complete all of the questions in part B

1 What were the entry requirements for your course?

2 What was the start and end date of your course?

Start date

 / /

End date

 / /

3 How many years, did your course last? years

4 What was your mode of study?

Full time Part time Distance learning

5 Have you provided evidence of the social work content of your course?

Yes No

6 Please provide information about each of the supervised and assessed practice placements you completed as part of your course.

If you had more than four placements, photocopy this page so that you can answer the same questions for all of your placements.

Placement 1	Total number of whole days you spent on this placement: <input type="text"/> days	
	<input type="checkbox"/> children and young people	<input type="checkbox"/> mental health
	<input type="checkbox"/> older people	<input type="checkbox"/> other – please specify
	<input type="checkbox"/> people with disabilities	
	<input type="checkbox"/> youth/criminal justice	
What were your roles and responsibilities on this placement?		
Were you supervised by a qualified worker during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us how you were supervised and by whom
Did you have input from a tutor during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us what support you had from your educational institution

Placement 2	Total number of whole days you spent on this placement: <input type="text"/> days	
	<input type="checkbox"/> children and young people	<input type="checkbox"/> mental health
	<input type="checkbox"/> older people	<input type="checkbox"/> other – please specify
	<input type="checkbox"/> people with disabilities	
	<input type="checkbox"/> youth/criminal justice	
What were your roles and responsibilities on this placement?		
Were you supervised by a qualified worker during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us how you were supervised and by whom
Did you have input from a tutor during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us what support you had from your educational institution

Placement 3	Total number of whole days you spent on this placement: <input type="text"/> days	
	<input type="checkbox"/> children and young people	<input type="checkbox"/> mental health
	<input type="checkbox"/> older people	<input type="checkbox"/> other – please specify
	<input type="checkbox"/> people with disabilities	
	<input type="checkbox"/> youth/criminal justice	
What were your roles and responsibilities on this placement?		
Were you supervised by a qualified worker during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us how you were supervised and by whom
Did you have input from a tutor during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us what support you had from your educational institution

Placement 4	Total number of whole days you spent on this placement: <input type="text"/> days	
	<input type="checkbox"/> children and young people	<input type="checkbox"/> mental health
	<input type="checkbox"/> older people	<input type="checkbox"/> other – please specify
	<input type="checkbox"/> people with disabilities	
	<input type="checkbox"/> youth/criminal justice	
What were your roles and responsibilities on this placement?		
Were you supervised by a qualified worker during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us how you were supervised and by whom
Did you have input from a tutor during this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered ' No ' please tell us what support you had from your educational institution

OTHER REGULATORY BODIES OR LICENSING ORGANISATIONS

SECTION 5

Are you currently or have you ever been registered with one of the UK regulatory bodies listed in the section 5 guidance, or similar licensing organisations, either in the UK or abroad?

Yes, currently Yes, in the past No

If you have answered yes, please provide the following information:

Name of body (in original language)
Name of body (in English)
Professional title (in original language)
Professional title (in English)
Registration number or equivalent
Date of your registration
Address
Country
Main phone number (with dialling codes)
Enquiries contact number (with dialling codes)
Website address
Email address

6.1 Are you currently the subject of an investigation by your employer(s), former employer(s), other regulatory body or other organisation?

Yes No

6.2 Are you currently suspended?

Yes No

6.3 Is there a disciplinary finding against you?

Yes No

If you have answered 'Yes' to any of the preceding questions in this section please complete 6.4 and 6.5, if you have answered 'No' please go to section 7.

6.4 Please give a brief summary of the incidents or events that led to the investigation, suspension or disciplinary action being taken.

Details of investigation, suspension or finding	Outcome (if applicable)	Date	Employer or organisation

Please continue on a separate sheet of paper if necessary and tick this box . Please print your name on the separate sheet, sign and date it and enclose it with your application.

6.5 Please give us the name and contact details of the person we could contact for more information about this matter.

6.5.1 Name

6.5.2 Job title

6.5.3 Organisation name and address

Town/City

Country

Postcode

6.5.4 Phone number (with dialling codes)

6.5.5 Email address

CRIMINAL OFFENCES AND ALTERNATIVES TO PROSECUTION

SECTION 7

Please complete all of the following questions

The Rehabilitation of Offenders Act 1974 allows some criminal convictions to become 'spent' or ignored after a fixed period.

For the purpose of applying for registration, you are required to declare convictions even if they are 'spent'.

7.1 Have you ever been convicted of a criminal offence either in the UK or abroad?

Yes No

7.2 Have you ever been formally charged by the police or procurator fiscal with an offence either in the UK or abroad?

Yes No

7.3 Is there a criminal court case pending against you either in the UK or abroad?

Yes No

7.4 Within or outside Scotland, have you ever received any alternative to prosecution, such as those listed below?

Yes No

- Procurator Fiscal warning
- mediation and/or reparation
- Fiscal Fine (conditional offer)
- diversion
- Fixed Penalty in relation to a road traffic matter (including endorsement of your driving licence)
- police warning
- received a caution
- been bound-over
- received a reprimand or final warning
- had any other police or court decision taken against you.

It is important that you tell us about any police or court decisions, of any nature, taken against you in any country.

If you have ticked, 'Yes', for any of the preceding questions in this section, please complete question 7.5.

7.5 If you have ticked 'Yes' for any of the preceding questions in this section, please give a brief summary of the allegation(s) that led to the conviction(s), charge(s), case(s) or alternative(s) to prosecution.

Details of allegation(s)	Date	Police station, court or other	Sanction applied

Please continue on a separate sheet of paper if necessary (for example if you wish to provide an explanation of your behaviour) and tick this box . Please print your name on the separate sheet and sign and date it, then enclose it with your application.

PERSONAL DECLARATION BY APPLICANT

SECTION 8

I declare that:

- I have read all the information within this application pack
- all of the information I have provided on this application is correct to the best of my knowledge and belief
- I understand that the provision of incomplete, false or misleading information (including withholding relevant details) may result in criminal sanctions, the SSSC refusing to register me or removal from the Register
- I understand that the Scottish Social Services Council may contact me or the person or persons who have verified and endorsed my application, about information in my application
- I agree to tell the Scottish Social Services Council as soon as reasonably practicable about:
 - any events that call into question my good character such as police warnings, charges, criminal convictions, criminal proceedings or alternatives to prosecution
 - any investigation, suspension or disciplinary action taken against me
 - any changes to my personal details
 - any changes to my employment details
- I understand that if I fail to tell the SSSC about any changes to the information in my application, the Council may consider this to be misconduct
- I agree to make timeous payment of the annual fee
- I agree to undertake 15 days (90 hours) Post Registration Training and Learning during the three year registration period and to show evidence that I have done so if asked to by the Scottish Social Services Council. At least five days (30 hours) of the 15 days (90 hours) post registration training and learning will focus on working effectively with colleagues and other professionals to identify, assess and manage risk to vulnerable groups in order to ensure that as a social worker I am assisted to meet my primary responsibility of protecting children and adults from harm
- I have read, understood and agree to comply with the Code of Practice for Social Service Workers
- I understand that the SSSC will investigate allegations of misconduct made against me
- I agree to co-operate with the SSSC's procedures and to provide any information it may reasonably request in the exercise of its statutory functions
- I consent to the processing of my personal data in the ways described in the SSSC's Data Protection Statement.

8.1 Signature

8.2 Date

 / /

PLEASE REFER TO SECTION NINE IN THE GUIDANCE, THEN PASS THIS FORM AND YOUR SUPPORTING DOCUMENTS TO YOUR ENDORSER.

WHEN YOUR ENDORSER RETURNS THEM TO YOU, PLEASE COMPLETE THE CHECKLIST AT SECTION 12.

These guidance notes are for people verifying and endorsing applications for registration in the Register of Social Workers, of other Social Service Workers and of persons participating in a course approved under section 54(1) of the Regulation of Care (Scotland) Act 2001 (the Register).

If you would like more information about the Register or the SSSC, please see the SSSC contact details on the back page.

Why we ask for verification of the applicant’s identification documents

We need to be sure that the applicant’s identity is genuine. To help us with this, we ask you to verify their identity.

Why we ask for verification of the applicant’s qualification

We need evidence that you have seen the originals and that the copy/copies is/are true copies.

Why we ask for endorsement of the application

We need assurances, as far as possible, that the information the applicant has given us about their disciplinary record, criminal convictions and any alternatives to prosecution that they may have been subject to, is correct.

We need to be sure that there are no reasons why the SSSC should not be assured of the applicant’s competence and good character and their suitability for registration. To help us with this, we ask you to endorse the application.

Why we ask for information about you

We ask for some information about you so we can be sure you are the correct person to verify and endorse the application. We may also need to contact you if we have a query about the applicant or their application.

Data Protection Act 1998

We will process the information you give in relation to this application in accordance with the Data Protection Act 1998. We will use the information only for the purpose of verifying and endorsing the application. The Data Controller is the SSSC.

VERIFICATION GUIDANCE

Who can verify an application

The applicant's current or most recent social service employer should verify the application.

Normally, the same person will verify and endorse an application. In some large organisations it may not always be practical for the person who is endorsing the application to verify the applicant's identity as well.

How to verify an application

The applicant will give you the following documents:

- their original birth certificate and photocopy†
- their original photographic identity* and photocopy†
- document confirming their current home address, eg utility bill†
- their original qualification certificate(s)†
- if applicable, the original outcome of their criminal record check from the country they were living in whilst outside the UK†
- if applicable, their original document supporting the name they wish to appear in the Register†
- if applicable, the original translation of the document(s) into English.

* Photographic identity must be either the photographic identity page in the applicant's passport or the applicant's photographic driving licence.

† A translation is required for all documents that are in a language other than English.

Copies of the original and translated document must be signed and dated by you to confirm you have checked the originals.

You should check the original documents then date, sign, print your name, job title and address on the photocopies. Return them to the applicant, along with the original documents.

If the applicant translated the documents, we ask that they write on the translated copy:

- “This text is a true and accurate translation of the attached document from **[language of original]** into English”
- their signature
- the date.

We reserve the right to ask them to provide an independent translation at their own cost.

If they do not wish to translate the documents, they can get a translator to do it at their own cost.

The translator must write on each copy:

- “This text is a true and accurate translation of the attached document from **[language of original]** into English”
- their name
- their signature
- their contact address
- their contact phone number (including the international dialling code)
- the date.

ENDORSEMENT GUIDANCE

Who can endorse an application?

The applicant's current or most recent social service employer.

If you have any queries about whether you are an appropriate person to endorse this application please seek advice from the SSSC, our contact details are printed on the back of this form.

What if the applicant has more than one employer?

If the applicant spends a majority of their working time with one employer, they must ask that employer to verify and endorse their application. If the applicant has more than one employer, we ask either the second employer or, if there are more than two employers, one of the applicant's other employers to provide an additional endorsement in the additional endorsement section of the application form.

How to endorse the application

1. Complete the information we ask for in this section of the application.
2. If you are not the person who has verified the applicant's identity, check that you are content that the person who has verified the application is one of your nominated representatives.
3. Read the answers given in the following sections of the application, and consider whether your own knowledge of the applicant matches the information given:
 - Disciplinary Record at section 6
 - Criminal Offences and Alternatives to Prosecution at section 7.
4. Provide any further information about the applicant that you believe might affect their suitability for registration, or explain why you are unable to endorse their application for registration.
5. Read, complete and sign the endorser declaration.
6. If applicable, enter the organisation and individual countersignatory reference numbers allocated to you by the SSSC.

ENDORSEMENT – ENDORSERS

PERSONAL DETAILS

SECTION 9.1

IF YOU ARE A NOMINATED SSSC COUNTERSIGNATORY AUTHORISED TO ENDORSE, YOU DO NOT NEED TO COMPLETE THIS PART, GO TO PART 9.2

9.1.1 Title (Mr, Mrs, Ms etc)

9.1.2 Surname

9.1.3 First name

9.1.4 Other forenames

9.1.5 In what capacity do you know the applicant?

9.1.6 How long have you known the applicant?

9.1.7 Name of the organisation you represent

9.1.8 What is your position in the organisation?

9.1.9 Work address

Town/City

Country

Postcode

9.1.10 Your contact phone number
(with dialling codes)

9.1.11 Your email address

ENDORSEMENT – VERIFIED DOCUMENTS

SECTION 9.2

9.2.1 Indicate which two forms of identification have been verified

The applicant's birth certificate or an extract thereof

Plus one of the following forms of photographic identity

The photographic identity page in the applicant's passport

The applicant's photographic driving licence

Other, please give details

9.2.2 Indicate the type of document confirming the applicant's current home address, eg utility bill

Details of document

9.2.3 Confirm the applicant's social work qualification has been verified

Details of qualification

9.3.1 What date did the applicant start working for this organisation?

/ /

9.3.2 Does the applicant carry out work at their home address?

Yes No

9.3.3 Has the applicant had a police check or Criminal Records Bureau check whilst in your employment or whilst registered with your employment agency.

Yes No Date: / /

Check the following sections of the form against the applicant's employment records and their most recent police record check:

- disciplinary record on section 6
- criminal offences on section 7.

9.3.4 Further information about the applicant that you believe might affect their suitability for registration, or explain why you are unable to endorse their application for registration.*

* Please continue on a separate sheet of your organisation's headed notepaper if necessary and tick this box . Please sign the sheet and provide your SSSC countersignatory reference number.

ENDORSEMENT – DECLARATION

SECTION 9.4

READ AND SIGN THIS DECLARATION

I declare that:

- The applicant has provided the original documents required and I or my nominated representative have checked these and verified the photocopies.
- I have checked sections 6 – disciplinary record and 7 – criminal offences and alternatives to prosecution and to the best of my knowledge and belief the applicant has provided correct information.
- I can read and understand English.

9.4.1 Please tick as appropriate:

I am not aware of any reason why the SSSC should not be assured of the competence and good character of the applicant and their suitability to register with the Scottish Social Services Council in terms of section 44 of the Regulation of Care (Scotland) Act 2001.

OR

I am not aware of any reason other than the issue(s) identified in 9.3.4 (further information) why the SSSC should not be assured of the competence and good character of the applicant and their suitability to register with the Scottish Social Services Council in terms of section 44 of the Regulation of Care (Scotland) Act 2001.

OR

I am unable to endorse this application because of the issue(s) identified in 9.3.4 (further information).

9.4.2 Signature

9.4.3 Date

 / /

9.4.4 Print name

9.4.5 SSSC countersignatory ref no (if issued)

9.4.6 SSSC organisation ref no (if issued)

PLEASE PASS THIS FORM AND ACCOMPANYING DOCUMENTS BACK TO THE APPLICANT

ADDITIONAL ENDORSEMENT SECTION 10

Guidance notes for additional endorsers

These guidance notes are for people providing additional endorsement of applications for registration in the Register of Social Workers, of other Social Service Workers and of persons participating in a course approved under section 54(1) of the Regulation of Care (Scotland) Act 2001 (the Register).

If you would like more information about the Register or the SSSC, please see the contact details on the back page.

Who requires additional endorsement of their application?

An applicant only needs to get an additional endorsement of their application

- if they have more than one social service employer
- they are employed outside social services
- if they are self employed.

Why we ask for additional endorsement

We need assurances, as far as they are possible, that the information the applicant has given us about their disciplinary record, criminal convictions and any alternatives to prosecution they have been subject to, is correct.

We need to be sure that there are no reasons why the SSSC should not be assured of the competence and good character of applicants and their suitability for registration. To help us with this, we ask applicants who have more than one social service employer to get an additional endorsement of their application.

Why we ask for information about you

We ask for some information about you so we can be sure you are the correct person to verify and endorse the application. We may also need to contact you if we have a query about the applicant or their application.

Data Protection Act 1998

We will process the information you give in relation to this application in accordance with the Data Protection Act 1998. We will use the information only for the purpose of verifying and endorsing the application. The Data Controller is the SSSC.

Who can provide additional endorsement of an application?

We require people who provide additional endorsement of applications to be a senior representative of the social service organisation, or other equivalent person who is in a position to comment on an applicants' suitability for registration.

If you have any queries about whether you are an appropriate person to endorse this application please seek advice from the SSSC by phoning lo-call 0845 60 30 891. If calling from outside the UK, please call: 00 44 1382 207101.

How to provide an additional endorsement

1. Complete the information we ask for in this section of the application.
2. Provide any further information about the applicant that you believe might affect their suitability for registration, or explain why you are unable to endorse their application for registration.
3. Read, complete and sign the additional endorser's declaration.
4. Enter the organisation and individual countersignatory reference numbers allocated to you by the SSSC (if applicable).

ADDITIONAL ENDORSEMENT – ADDITIONAL ENDORSERS PERSONAL DETAILS

SECTION 10.1

IF YOU ARE A NOMINATED SSSC COUNTERSIGNATORY AUTHORISED TO ENDORSE, YOU DO NOT NEED TO COMPLETE THIS PART, GO TO PART 10.2

10.1.1 Title (Mr, Mrs, Ms etc)

10.1.2 Surname

10.1.3 First name

10.1.4 Other forenames

10.1.5 In what capacity do you know the applicant?

10.1.6 How long have you known the applicant?

10.1.7 Name of the organisation you represent

10.1.8 What is your position in the organisation?

10.1.9 Work address

Town/City

Country

Postcode

10.1.10 Your contact phone number
(with dialling code)

10.1.11 Your email address

10.2.1 What date did the applicant start working for this organisation?

/ /

10.2.2 Does the applicant carry out work at their home address?

Yes No

10.2.3 Further information about the applicant that you believe might affect their suitability for registration, or explain why you are unable to endorse their application for registration.*

* Please continue on a separate sheet of your organisation's headed notepaper if necessary and tick this box . Please sign the sheet and provide your SSSC countersignatory reference number.

ADDITIONAL ENDORSEMENT – DECLARATION

SECTION 10.3

Check the following sections of the form:

- disciplinary record on section 6
- criminal offences and alternatives to prosecution on section 7.

READ AND SIGN THIS DECLARATION

I declare that:

- I have checked sections 6 – disciplinary record and 7 – criminal offences and alternatives to prosecution and to the best of my knowledge and belief the applicant has provided correct information.
- I can read and understand English.

10.3.1 Please tick as appropriate:

- I am not aware of any reason why the SSSC should not be assured of the competence and good character of the applicant and their suitability to register with the Scottish Social Services Council in terms of section 44 of the Regulation of Care (Scotland) Act 2001.

OR

- I am not aware of any reason other than the issue(s) identified in 10.2.3 (further information) why the SSSC should not be assured of the competence and good character of the applicant and their suitability to register with the Scottish Social Services Council in terms of section 44 of the Regulation of Care (Scotland) Act 2001.

OR

- I am unable to endorse this application because of the issue(s) identified in 10.2.3 (further information).

10.3.2 Signature

10.3.3 Date

 / /

10.3.4 Print name

10.3.5 SSSC countersignatory ref no (if issued)

10.3.6 SSSC organisation ref no (if issued)

PLEASE PASS THIS FORM BACK TO THE APPLICANT

DATA PROTECTION ACT 1998 SECTION 11

The Scottish Social Services Council (SSSC) 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 SSSC. 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 SSSC website:

- your full name and title
- your registration number and part, or parts, of the Register in which you are registered
- the postal town of your work address in the UK.

We will provide social service employers with information:

- about your full work address unless it is your home address or the SSSC 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 employers if you have been removed from the Register.

We will provide the Care Council for Wales, the General Social Care Council and the Northern Ireland Social Care Council with the following information to ensure the four Social Care Councils maintain accurate registration records: your name, including previous names, if any, and date of birth.

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 the other UK Social Care Councils, the Scottish Commission for the Regulation of Care and other regulatory bodies and similar organisations in the United Kingdom and in other countries.

Where necessary we may share the information you provide and the information provided by Disclosure Scotland with SSSC Committees, Sub-committees, agents acting for the SSSC and expert witnesses.

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 SSSC finds that you have committed misconduct, we will share our findings by such means as we consider appropriate.

We will store the information about your current registration in our records. When you renew your registration or advise us of a change of circumstances, we will update our records with any new or changed information.

We will keep any information and material that we have used to make a decision about your registration indefinitely. We retain this information to enable us to perform our statutory functions of regulating the social services workforce and protecting and enhancing the safety and welfare of all persons who are eligible to use care services. We will use your contact details to keep in touch with you.

We also use the information in order to monitor trends and provide reports on the Register of Social Workers, of other Social Service Workers and of persons participating in a course approved under section 54(1) of the Regulation of Care (Scotland) Act 2001, and the composition of the workforce. These reports provide statistical data but do not identify individuals.

By submitting information and by signing the personal declaration on your form you consent to the processing of your personal data in the ways described above.

You are entitled to ask the SSSC for a copy of the data we hold about you, and you should write to us at the Scottish Social Services Council, PO Box 10254, Dundee DD1 4YE, Scotland, if you wish to exercise this right.

Are you now ready to submit your application for registration to the SSSC?

Please make sure that you enclose:

- the completed, endorsed application for registration
- if you have ever resided in the UK, your completed Disclosure Scotland application
 - o part A – enhanced application
 - o part B – your personal details
 - o part C – signed and dated declaration

The SSSC will complete parts D and E

- if you have lived or worked for one or more years in the last five outside the UK, the original outcome or verified copy of a criminal records check outside the UK
- completed Direct Debit mandate, cheque, postal order or bank draft in sterling drawn on the UK banking system
- verified copies of your identification
- a verified copy of your proof of address
- a verified copy of your certificate(s) of award
- if you completed part B of Section 4, either
 - a verified copy of your course transcript
 - or
 - a verified copy of your Diploma Supplement
- if you are submitting any documents in a language other than English, verified copy(s) of your translation(s)
- if applicable, your completed Equal Opportunities Monitoring Form.

Do **not** send us original identification documents or certificates of award.

To help us improve our registration process please complete the feedback form at section 13.

FEEDBACK FORM – DID WE GET IT RIGHT?

SECTION 13

Please help us improve our registration process by filling in this feedback form and returning it with your application.

We will not use any of the information you give in this feedback form as part of your application and will treat any information you give in the strictest confidence.

Please indicate which sections/questions of the application and/or guidance your feedback relates to.

Did you find anything about the **application** or the questions on it unclear?

No Yes, please give details:

Did you find anything about the **guidance** unclear?

No Yes, please give details:

Was there anything in the **application or guidance** which you found particularly helpful?

No Yes, please give details:

Did you contact the SSSC for help with the form?

No Yes, please give details:

Do you have any further views or ideas on how we could improve the registration documents?

May we contact you for more feedback?

No Yes

Name:

Telephone number:



INVESTOR IN PEOPLE



Scottish
Social Services
Council

Scottish Social Services Council
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Scotland

Lo-call 0845 60 30 891
Email: registration@sssc.uk.com
www.sssc.uk.com

If you are calling from outside the UK
please call 00 44 1382 207101

If you would like this document in
another format, please contact the SSSC

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