

**BSc (Hons) Social Work
Cardiff Metropolitan University**

The Welsh Government Requirements for Social Work Education and Training and Social Care Wales Rules for Approval of Social Work training specify that it requires the BSc (Hons) Social Work Programme to 'satisfy itself that criminal convictions and health checks have been carried out on students who take up a place on the Degree in Social Work'.

The following process must be completed before a candidate can receive a 'conditional offer' of a place on the programme:

- a) Candidates must fully complete and bring to interview the following self-declarations (forms below).
- b) If successful at interview, declarations will be monitored by the selection panel and/or the Selection and Access Coordinator who may decide to ask for more information. A decision will then be made to allow applications to proceed as a 'conditional offer' or not.
- c) The Programme will notify Social Care Wales of the 'conditional offer'. Candidates will be required to complete a registration form to decide if they satisfy the conditions to be registered on the 'Social Care Workforce Register' as specified by the Care Standards Act (2000). A decision will then be made to allow applications to proceed as a 'conditional offer' or not.

Candidates must also complete the Disclosure and Barring Service process of Cardiff Metropolitan University within two weeks of receipt of an offer.

Prior to commencing study on the Programme the student is expected to register with Social Care Wales whereupon their name will be entered on the Social Care Workforce Public Register.

Data Protection

The Cardiff Metropolitan University will only process your personal data in accordance with GDPR.

The information you give us on these forms will be used by Cardiff Metropolitan University staff who are involved in the selection process in order to consider your admission on to Cardiff Metropolitan University's BSc (Hons) Social Work programme. Your declarations will be monitored within Cardiff Metropolitan University by a selection panel and/or the Selection and Access sub-committee. If your declarations include any issues then it is likely that these will need to be disclosed to our partner agencies, Social Care Wales and the student disability unit at Cardiff Metropolitan University.

The forms you complete will be held as paper copies, although some information from the forms may also be stored on computer. All information will be held for the duration of your time on the Programme and will then be securely destroyed.

By signing these forms you consent to Cardiff Metropolitan University collecting, holding and using information about you as described above and for other purposes set out in our Notification.

Further details on the personal information we collect and data protection, can be found within Cardiff Met's Terms and Conditions – www.cardiffmet.ac.uk/terms - and our Data Protection guidance - www.cardiffmet.ac.uk/dataprotection.

Advice around the Disability service within Cardiff Metropolitan University can also be accessed via disability@cardiffmet.ac.uk

N.B. Please ensure that each one of the following pages is signed, even if no information is declared, and that you declare any circumstances relating to any of the areas below. Any omissions that later come to light may lead to your suitability being called into question in relation to being offered a place on the course.

CONFIDENTIAL
Applicant Self-declaration

Full Name:

(Mr/Ms/Mrs/Miss)

Present Address:

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From:..... (Date).....

Current Contact Number:.....

E-mail address:.....

Previous Addresses (Covering at least 10 years):

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From: To:

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From: To:

Previous Other Names:

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Date of Birth: Place of Birth:

Signed:

Date:

Social Care Experience gained to point of interview

You are required to record the experience that you have gained below. This information is required at interview.

- **Please provide detailed information indicating how the full 13 weeks/65 days/ 455 hours have been completed.**

<u>Date:</u>	<u>From</u>	<u>To</u>	<u>Experience</u>

Please use continuation sheet if needed

Signed.....

Dated.....

Termination of Training/Suitability matters – Self-declaration.

Full details of the following need to be given:

- termination of training/suitability matters
- withdrawal from Social Work and related programmes
- fail outcome whilst undertaking social work education

Details must be given below, together with information relating to your private address current at the time of any of the above and University attended. If you have at any time changed your forenames and/or last name, this must also be stated, with effective date and reasons for change.

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Signed:

Date:

Disciplinary – Self-declaration.

Full details of the following need to be given:

- disciplinary matters
- outcome of disciplinary

Details must be given below, together with information relating to your private address current at the time of any of the above and your employer. If you have at any time changed your forenames and/or last name, this must also be stated, with effective date and reasons for change.

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Signed:

Date:

**Personal and professional contact with social work services and providers –
 Hosting Arrangements - self-declaration
 CONFIDENTIAL**

Applicants are required to identify below (tick) where they have had (historically and/or currently) any personal or professional contact, or matters of a confidential nature with social work services in any of the Local Authorities and/or voluntary sector providers of social work/social care services and allied professions (e.g. mental health service providers).

Cardiff Council	
Caerphilly County Borough Council	
Torfaen County Borough Council	
Vale of Glamorgan Council	
Bridgend County Borough Council	
Neath Port Talbot County Borough Council	
Swansea City Council	
Carmarthenshire Council	
Any other Local Authority in Wales/UK	
Voluntary sector provider(s) of social work/social care services	
Allied professions (i.e. Health care/Mental health service providers)	

If you have ticked any of the above boxes, please provide details of the nature of contact that you have had with any of the above and sign below. This will be discussed with our Partner Local Authorities prior to your commencement on the course in order to determine that there is no reason to prevent our partner Local Authorities from providing you a hosting arrangement for the duration of your studies on the programme; and to support your professional development during your practice learning. Please use continuation sheet if needed.

Signed:

Date:

Applicant Health and Well-being Check - Self-declaration form

CONFIDENTIAL

Health and Well-being Check - Self-declaration:

I consider myself fit and healthy and to have no health and/or well-being issues which could have implications for my participation and engagement on the Programme.

Candidate signature agreeing to above declaration:

Signed:	
Date:	

Alternatively:

If you have any conditions or circumstances which may impact on your participation and engagement on the Programme please specify details:

I have the following health and/or well-being concern(s):

Please specify details:	
Confirmation of support currently being received in relation to the above:	
Signed:	
Date:	

N.B. Please ensure that each page is signed and that you declare any circumstances relating to the above areas. Failure to do so may lead to your suitability being called into question in relation to being offered a place on the course.