# 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 submit the following self-declarations forms below to <a href="mailto:socialwork@cardiffmet.ac.uk">socialwork@cardiffmet.ac.uk</a> before attending their interview.
- 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) Candidates with Conditional Offers will be nominated by the University to Social Care Wales, who will invite them 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 are required to complete an Enhanced Disclosure and Barring Service check via Cardiff Metropolitan University online.

Upon enrolment on the Programme all students are required to have completed their registration application 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 digital copies. Information will be shared with our Local Authority Training Partners for the purpose of considering placement opportunities, a key requirement of the programme. All information will be held for five

years 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 – <a href="www.cardiffmet.ac.uk/terms">www.cardiffmet.ac.uk/terms</a> - and our Data Protection guidance

https://www.cardiffmet.ac.uk/about/structureandgovernance/Pages/Data-Protection.aspx.

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

N.B. Please ensure that <u>each one of the following pages is</u> <u>signed</u>, <u>even if no information is declared</u>, 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/Mx)
Present Address:
Erom: (Data)
From:(Date)
Current Contact Number:
E-mail address:
Previous Addresses (Covering at least 10 years):
From: To:
From: To:
Previous Other Names:
Date of Birth: Place of Birth:
Do you have a full UK driver's licence? Yes No
—
Do you have access to a personal vehicle? Yes No
Signed:
Date:

## Social Care Experience gained to point of interview

Please provide information regarding your Social Care experience to date below. This information is required at interview.

<u>Date:</u> From	<u>То</u>	<u>Experience</u>		
Please use continuation sheet if needed				
Signed				
Dated				

### <u>Termination of Training/Suitability matters – Self-declaration.</u>

Details must be given below, together with information relating to your private address

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

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.
Signed:
Date:

## <u>Disciplinary – Self-declaration.</u>

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.
Signed:
Date:

### Adherence to the Code of Professional Practice - Self-declaration.

Social Care Wales Regulations state that all social work students must agree to and adhere to the Code of Professional Practice. Please provide any further information that may impact on your role as a registered social work student and your ability to uphold the Code of Processional Practice.

https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance
Signed:
Olgitout
Date:
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			
Cardin Council			
Blaenau Gwent County Borough 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			
Merthyr			
Rhondda Cyonn Taff County Borough 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.			
you have had with any of the above and sign below. This will be discussed with or Local Authorities prior to your commencement on the course in order to determine the no reason to prevent our partner Local Authorities from providing you a hosting arrifor the duration of your studies on the programme; and to support your programme.	ur Partner at there is angement		
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#### Applicant Health and Well-being Check - Self-declaration form <u>CONFIDENTIAL</u>

#### **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 <u>agreeing</u> 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 fol	I have the following health and/or well-being concern(s):			
Please specif				
Confirmation	of support currently being received in relation to the above:			
Signed:				
Date:				

<u>N.B.</u> Please ensure that <u>each page is signed</u> 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.