

# SWP2

Declaration and consent form | electronic

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This form should be completed by the applicant, including:

- the proposed responsible individual representing an organisation
- the manager/person in charge of the day-to-day running of the provision.

Please complete this consent form in full. Some applicants are exempt from the requirement to provide certain information (see the guidance included in this form). However, if you do not provide all the information relevant to your application we will consider your application to be incomplete and reserve the right to return it to you. As well as reading the guidance notes included on this form please also refer to the *Guide to registration for providers of social work services* ([www.ofsted.gov.uk/resources/130234](http://www.ofsted.gov.uk/resources/130234)).

If you need any help completing this form please telephone Ofsted on 0300 123 1231.

**Please note:** as well as requiring the information specified in regulation, Ofsted may also request other information in relation to your application.<sup>1</sup>

If completing by hand please use **black ink** and **block capitals**.

Please leave blank for Ofsted use

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<sup>1</sup> The Care Standards Act 2000 (Registration)(England) Regulations 2010, Regulation 3(6); [www.legislation.gov.uk/ukpga/2000/14/section/3](http://www.legislation.gov.uk/ukpga/2000/14/section/3).

## **Section A – Details of the provider of social work services application**

**(A1–A3)** We need to know about the application to provide social work services with which you are associated.

## **Section B – Personal details**

**(B1–B7)** This section asks for basic information about you. We need this information to help us carry out checks to establish if you are suitable to be registered under the Care Standards Act 2000 and to make sure that we do not mistake you for anyone with a similar name. If you need more space, please use section J.

We need to know your current name and address. Please give the full postal address including the postcode.

**(B7)** If you or your organisation made a previous social care application after 30 September 2010, you are not required to supply us with information you provided as part of the previous application if the information has not changed. Ofsted will use the information provided in that previous application to process this application. We may need to contact you to ensure that we have identified the correct application form.

Please note that all applicants must complete sections D and H.

<b>A Details of the registered agency providing social work services /application</b>											
<b>A1</b>	Name of agency										
<b>A2</b>	Address of agency										
	Postcode										
<b>A3</b>	Ofsted registration number (if known)										
<b>B Personal details</b>											
<b>B1</b>	Title (please mark one or specify)	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	Other	
<b>B2</b>	First name(s) (in full)										
<b>B3</b>	Surname (family name)										
<b>B4</b>	Surname at birth	Any other first name(s) ever used			Any other surname(s) ever used						
<b>B5</b>	Date of birth	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>		
<b>B6</b>	Gender	<input type="checkbox"/>	Male					<input type="checkbox"/>	Female		
<b>B7</b>	Have you/your organisation made a previous application for registration with Ofsted to register a children's social care setting after 30 September 2010?	<input type="checkbox"/>	Yes				<input type="checkbox"/>	No			
	If 'Yes', please give its Ofsted registration number (if appropriate), and as much information as possible to allow us to identify your previous application.										
	Ofsted registration number										
	If you have answered 'Yes' to B7 please complete sections D and H. You must also complete sections A, B, C, E and F where any information supplied to Ofsted in the previous application has changed.										

## Section B – Personal details

**(B8–B9)** We need to know your current address as well as all the addresses you have lived at in the last five years. Please give the full postal address including the postcode. Please use section J if you need more space.

## Section C – Contact details

**(C1–C4)** This section asks for information about other ways we can get in touch with you. Please tell us your main telephone contact number and the most suitable time to contact you. We increasingly use email to contact people. Please let us know if you do not want us to contact you in this way.

## Section D – Your connection with the registration

**(D1–D3)** We need to know about your connection with the registration so that we can carry out the correct range of checks on you. We carry out additional checks for those who work directly with children. The *Guide to registration for providers of social work services* has more information on roles. Tick all the boxes on the form that apply to you.

- If you are applying on behalf of an organisation, please tick D1.
- If you are applying as a member of a limited liability partnership, please tick D2.
- If you are the manager, please tick D3.

<b>B8</b>	Current full postal address. I have lived here from	D	D	M	M	Y	Y	Y	Y
	Postcode								

If you are applying to register, as a manager, answer B9. If you are the responsible individual representing an organisation, go to section C.

<b>B9</b>	All other addresses lived at within the last five years (include dates)

<b>C</b>	<b>Contact details</b>
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<b>C1</b>	Contact numbers (include area code)	(please mark one main contact number)
	Telephone	<input type="checkbox"/>
	Mobile	<input type="checkbox"/>

<b>C2</b>	Email address

<b>C3</b>	Mark here if you do not want to receive communications electronically.	<input type="checkbox"/>
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<b>C4</b>	When is the most suitable time to contact you?

<b>D</b>	<b>Your connection with the registration</b>
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<b>D1</b>	Are you a responsible individual representing an organisation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>D2</b>	Are you applying as a member of a limited liability partnership?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>D3</b>	Are you applying to be registered as the manager of a setting?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Section E – Current and past registration details

**(E1)** We ask this question to check if you have any financial connections with other regulated services.

**(E2–E3)** These questions ask if you have previously held or still hold a registration to provide childcare or children's social care with us or any other organisation in the UK. We use this information to check the details of your registration. This may help us to progress your application more quickly.

We regard a financial interest as meaning any interest from which an individual gains a financial benefit or the potential for a financial benefit. This includes shares, loans, debentures, bonds and other loan instruments. The financial benefit, whether actual or potential, can be direct or indirect and so can be gained by the individual or by members of immediate family or by an entity in which the individual and/or a member of immediate family has a financial interest.

**(E4)** We also need to know if you have ever had a registration under the Care Standards Act 2000, Childcare Act 2006 or Health and Social Care Act 2008 refused or cancelled and the reasons for this action.

**(E8)** If you answer 'yes' to this question please include details about the person's relationship to you and their role in the proposed or operation of the setting. Please do not include their name.

Please use section J if you require additional space.

<b>E Current and past registration details</b>																																				
<b>E1</b>	Do you, or have you in the past, carried on a business? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered 'Yes', please give details.																																			
<b>E2</b>	Do you have any current financial or work interests in any other establishments or agencies registered with Ofsted? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered 'Yes', please give details.																																			
<b>E3</b>	Have you ever been registered, or licensed for, or been the owner, responsible individual or manager of, any service registered or licensed under the: <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">■ Registered Homes Act 1984</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> </tr> <tr> <td>■ Registered Homes (Amendment) Act 1991</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>■ Children Act 1989 (including childminding or day-care provision for children)</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>■ Childcare Act 2006</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>■ Nurses Agencies Act 1957</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>■ Care Standards Act 2000</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> <tr> <td>■ Health and Social Care Act 2008</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </tbody> </table> If you have answered 'Yes', please give details.	■ Registered Homes Act 1984	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	■ Registered Homes (Amendment) Act 1991	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	■ Children Act 1989 (including childminding or day-care provision for children)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	■ Childcare Act 2006	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	■ Nurses Agencies Act 1957	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	■ Care Standards Act 2000	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	■ Health and Social Care Act 2008	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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■ Health and Social Care Act 2008	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																																
<b>E4</b>	Have you ever had an application refused or your registration cancelled under any of the above Acts? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
<b>E5</b>	Have you ever withdrawn an application to Ofsted to be a registered provider or a registered manager? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered 'Yes' please provide details, for example, the Ofsted reference number, date of application and / or withdrawal.																																			
<b>E6</b>	Have you ever been adjudged bankrupt, been subject to a debt relief order, been subject to the sequestration of your estate, made a composition or arrangement with creditors, or granted a trust deed for creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered 'Yes', please give details.																																			
<b>E7</b>	Have you ever been subject to disciplinary procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered 'Yes', please give details.																																			

<b>E8</b>	Is any person related to you working at, or going to work at, the agency		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered 'Yes', please give details.			

## Section F – Professional referees, qualifications and employment history

**(F1–F2)** We need references to confirm your competence to provide or manage a children’s social work service. This should include your skills and experience in the areas of management and leadership, financial management, safeguarding and health and safety. Please give the name and address of two people from whom we can obtain professional references. Relatives cannot give you a reference.

**The first reference must be from an employer who has employed you within the last two years and for at least three months.** We generally accept an employer’s reference from the owner or director of an organisation. We can accept a reference from someone other than the owner or director but we must have written permission from the employer for a named person to supply a reference on their behalf.

If you cannot give details of a referee who has employed you in the last two years, please explain why in section J.

The second reference must be from someone who has known you in a professional capacity and can comment on your work. It should also be from someone from a different organisation to your first referee.

Please use section J if you require additional space.

**(F3)** This should include your qualifications and experience for the type of establishment or agency that your application relates to, including evidence of your ability to:

- manage and lead the service
- provide sound financial management
- safeguard children young people and, where appropriate, vulnerable adults
- ensure health and safety requirements are met.

Please use section J if you require additional space. Please include copies of your qualifications with this form. The inspector will check the original certificates at your fit person interview.

**(F4)** We require your employment history from the date you left full-time education.

<b>F Professional referees, qualifications and employment history</b>		
Please provide names and addresses of two people from whom we can obtain professional references.		
<b>F1</b>	Title and full name	
	Job title	
	Full postal address	
	Postcode	
	Telephone number (include area code)	
	Email address	
	How you are known to the referee	
	If this referee is or was your employer please state the length of employment	
	<b>F2</b>	Title and full name
	Job title	
Full postal address		
Postcode		
Telephone number (include area code)		
Email address		
How you are known to the referee		
If this referee was your employer please state the length of employment		
<b>F3</b>	Qualifications relevant to role	
	Experience relevant to role	

If you are applying to register as a member of a partnership, or as a manager, answer F4. If you are the responsible individual representing an organisation, go to section G.

<b>F4</b>	Full employment history																
Name and address of present employer																	
Job title																	
Employed since																	
	D	D	M	M	Y	Y	Y	Y									
Name and address of previous employer																	
Job title																	
Employed from																	
	D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y
Reason for leaving																	
Name and address of previous employer																	
Job title																	
Employed from																	
	D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y
Reason for leaving																	
Name and address of previous employer																	
Reason for leaving <input type="checkbox"/>																	
Job title																	
Employed from																	
	D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y
Reason for leaving																	
Name and address of previous employer																	
Job title																	
Employed from																	
	D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y
Reason for leaving																	

**F5** Please explain any gaps in your employment history

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## Section G – Suitability and disqualification

**(G1)** You must obtain a Disclosure and Barring Service (DBS) certificate before you submit your application. For information on how to obtain a DBS certificate via the Capita website please read the *Guide to registration for providers of social work services*, which is available at [www.ofsted.gov.uk/resources/130234](http://www.ofsted.gov.uk/resources/130234). You must include your original DBS certificate with this application form, unless you applied for your certificate via the Capita website, and the certificate shows no recorded information (the certificate states 'none recorded' in each section).

**(G3)** This section helps us decide if you are qualified to apply or if there are any other circumstances that might affect your fitness to work with or be in regular contact with children.

The disqualification section of the *Compliance, investigation and enforcement handbook* (available at [www.ofsted.gov.uk/resources/compliance-investigation-and-enforcement-handbook](http://www.ofsted.gov.uk/resources/compliance-investigation-and-enforcement-handbook)) gives more information about The Disqualification from Caring for Children (England) Regulations 2002 and the circumstances that disqualify you from working with or being in regular contact with children.

**(G4)** We make a decision about your fitness by carrying out a series of checks. These questions relate to any criminal record you might have. Not all offences prevent you from being in regular contact with children. In G2 you need to give details of:

- the nature of the offence
- the place where the offence occurred
- the name of the court which gave the conviction
- the penalty imposed.

Please note that exemption under the Rehabilitation of Offenders Act 1974 does not apply. **You must include details of spent convictions, including those related to juvenile offences.**

If you need more space, please use section J.

<b>G Suitability and disqualification</b>																																
<b>G1</b>	Please provide the reference number for your Disclosure and Barring Service certificate																															
<b>G2</b>	Have you subscribed to the Disclosure and Barring Service update service?																															
	<input type="checkbox"/>		Yes			<input type="checkbox"/>		No																								
<b>G3</b>	I agree to Ofsted performing a DBS status check.																															
	<input type="checkbox"/>																															
<b>G3</b>	Do any of the circumstances listed in The Disqualification from Caring for Children (England) Regulations 2002 apply to you?																															
	<input type="checkbox"/>		Yes			<input type="checkbox"/>		No																								
If you have answered 'Yes', please specify which circumstances (listed in the regulations) apply and give details, including dates.																																
<b>G4</b>	Have you ever been convicted of any criminal offences or been given a caution?																															
	<input type="checkbox"/>		Yes			<input type="checkbox"/>		No																								
If you have answered 'Yes', please complete the table below.																																
Date of offence																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 5%;">D</td><td style="width: 5%;">D</td> <td style="width: 5%;">M</td><td style="width: 5%;">M</td> <td style="width: 5%;">Y</td><td style="width: 5%;">Y</td> <td style="width: 5%;">Y</td><td style="width: 5%;">Y</td> <td style="width: 15%;">Details</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="11" style="height: 50px;"></td> </tr> </table>												D	D	M	M	Y	Y	Y	Y	Details												
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	D	D	M	M	Y	Y	Y	Y	Details																							
Date of offence																																
<b>G5</b>	Are you aware of any other circumstances that might affect your fitness to work or be in regular contact with children and/or young people?																															
	<input type="checkbox"/>		Yes			<input type="checkbox"/>		No																								
If you have answered 'Yes', please give details.																																

## Section H – Consent and declaration

This section seeks your consent to carry out a series of checks to establish your suitability to work with or be in regular contact with children. As part of these checks, we may ask you to provide information and we may ask other authorities/people to share with us information that they hold about you.

We use the information from checks and any interviews to make a decision about your suitability to work with or be in regular contact with children. It may be necessary to repeat these checks from time to time in order to assess your ongoing suitability. The checks we carry out are listed in the *Guide to registration for providers of social work services*. By signing the form, you give your consent to these checks, including your consent for Ofsted to access, at any time, your record on the DBS update service.

If you give false information on the form, it may affect the application to provide care or the registration of the service.

It is an offence to knowingly make a statement in an application that is false or misleading. If you do this you may be prosecuted and be liable to a fine of up to £5,000 if convicted. By signing the form in section H you are declaring that all the details in your application are true, to the best of your knowledge and belief.

There is a separate *Equal opportunities for social care* form that we would also like you to complete. However, this is optional and we will not consider your application to be incomplete if you do not return the form.

**Please note:** if any of the information you have provided in your application changes, for example, if you are subject to any disciplinary procedures, you must tell us about this. You can contact us using the details on page 19.

**H Consent and declaration**

I consent to Ofsted carrying out checks and using information provided from the checks and this form as described on page 15.

I declare that all information I have given on this application form is true to the best of my knowledge and belief.

I consent to Ofsted rechecking my status with the DBS update service on a regular basis in order to assess my continued suitability to work with or be in close contact with children.

Please tick one of the boxes below

I declare that I have not/my organisation has not made a previous application since 30 September 2010.

I declare that I have/my organisation has made a previous application since 30 September 2010 and that where I have not supplied information in this application form it is because no change has occurred to information supplied in that previous application.

Signed	
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Name	
------	--

Status	
--------	--

Date of signature	D	D	M	M	Y	Y	Y	Y
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Ofsted would like to seek your permission to contact you on behalf of research organisations for research purposes. Please mark the box if you do not agree.

<input type="checkbox"/>	I do not agree to Ofsted contacting me in connection with Ofsted approved research projects.
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## **Section J – Additional information**

Please use this section to provide any additional information. You can also use the space to finish off any questions on the form. Use a new paragraph per question and begin the paragraph with the question number in square brackets, for example, [A7].



## **What happens to the information provided?**

We process your personal information in accordance with the Data Protection Act 1998. Under the act, you have certain rights regarding access to the personal information that we hold about you. You can request to see the personal information that we hold about you. You should contact us if you wish to make such a request.

Please return the completed form to:

Ofsted NBU  
Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

Please include the application fee with the form.

**If you need any help completing the form please telephone us on 0300 123 1231.**