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| **ASYE Registration Form** |

NQSW’s must complete all of the sections on the registration form in order to comply with the Skills for Care registration process.

Please ensure you complete this form within one week of commencing employment within Adult Social Care and forward the completed document:

Learning and Development Adult Social Care Team

Email learninganddevelopment@walsall.gov.uk.

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| **NQSW Information** |
| NQSW Full Name: |  |
| Gender: |  |
| Age: |  |
| Nationality: | Please tick appropriate option |
| British  |  |
| EEA (non-British) |  |
| Non-EEA |  |
| Unknown |  |
| Ethnic Group: | Please tick appropriate option |
| White |  |
| Mixed / multiple ethnic groups |  |
| Asian / Asian British |  |
| Black / African / Caribbean / Black British |  |
| Other ethnic group |  |
| Not known |  |
| Qualification and Date: | Please tick appropriate option |
| BA |  |
| MA |  |
| BSc |  |
| Think Ahead |  |
| University: |  |
| If your professional qualification date is more than two years ago, please state how you have maintained your knowledge and skills: |  |
| HCPC Registration Number: |  |
| Date you commenced employment in your current role: |  |
| Start date of ASYE Programme: |  |
| Projected completion date of ASYE: |  |
| Date of Support and Assessment Agreement: |  |
| Is your employment contract | Please tick appropriate option |
| Permanent |  |
| One year fixed |  |
| 6 months |  |
| Other, please specify |  |
| Work Email Address: |  |
| Work Telephone Number: |  |
| Work Address: |  |

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| **Main type of service provided.** | Please tick the key service relevant to your NQSW role |
| * Social Work Assessment & Support Planning/Care management
 |  |
| * Prison or related service area
 |  |
| * Safeguarding
 |  |
| * Adult residential care service
 |  |
| * Sheltered housing
 |  |
| * Extra care housing services
 |  |
| * Supported living services
 |  |
| * Day care and day services
 |  |
| * Domiciliary care services
 |  |
| * Community support and outreach
 |  |
| * Information and advice services
 |  |
| * Shared lives
 |  |
| * Employment related services
 |  |
| * Carer’s Support
 |  |
| * Short breaks/respite care
 |  |
| * Hospital services - acute
 |  |
| * Hospital services
 |  |
| * Hospital services - rehabilitation
 |  |
| * Early intervention service
 |  |
| * Other – please indicate
 |  |
| **People the service supports:**  |  |
| Which age group do you mostly work with,  | Please tick appropriate options. |
| 0-25 |  |
| 25-65 |  |
| 65+ |  |
| Which key group of people do you mainly support; | Please tick appropriate options |
| * Adults detained under the Mental Health Act
 |  |
| * Adults who misuse alcohol or drugs
 |  |
| * Adults with an eating disorder
 |  |
| * Adults with autistic spectrum disorder
 |  |
| * Adults recovering from brain or physical injury
 |  |
| * Adults with dementia
 |  |
| * Adults with learning disabilitie
 |  |
| * Adults with mental disorders or infirmities, excluding learning disability or dementia
 |  |
| * Adults with physical disabilities
 |  |
| * Adults with sensory impairments
 |  |
| * Adults with refugee status
 |  |
| * Adults who have offended
 |  |
| * Adults who are experiencing domestic abuse
 |  |
| * Adults who are homeless
 |  |
| * Adults with other needs not specified above
 |  |
| **Supervision and Assessment** **Assessor Information** |
| Is reflective supervision and holistic assessment provided by the line manager? Yes or No: |  |
| If no who provides reflective supervision and holistic assessment?  | Please tick appropriate options |
| Independent assessor |  |
| Advanced practitioner |  |
| Experienced social worker |  |
| Other |  |
| Name of person providing reflective supervision and holistic assessment: |  |
| HCPC Registration Number of person providing reflective supervision and holistic assessment: |  |
| Email address of person providing reflective supervision and holistic assessment: |  |
| Assessor Qualifications:* PE Stage 1
* PE Stage 2
* Practice development educator programme
* KSS practice supervisor (for future)
* Other, please state
* Other assessor qualifications or training, please specify
 |  |
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* PE Stage 2
* Practice development educator programme
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* Other, please state
* Other assessor qualifications or training, please specify
 |  |
| Assessor Qualifications: | Please tick appropriate options |
| PE Stage 1 |  |
| PE Stage 2 |  |
| Practice development educator programme |  |
| KSS practice supervisor (for future) |  |
| Other assessor qualifications or training, please specify |  |