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# Application for a Letter of Verification for a qualification awarded in Wales

This application form should be completed where an individual is seeking verification of a social work qualification awarded in Wales.

In order to issue a Letter of Verification, Social Care Wales requires this form to be completed in full and returned by e-mail or post to:

E-mail: registration@socialcare.wales

**Important Information:**

Letters of verification can only be issued to the award holder. If the award holder gives prior written consent the letter of verification can be sent directly to an employer or employment agency.

A Social Care Wales letter of verification is not proof of identity.   
  
It remains the employer’s responsibility to check that an individual named in a letter of verification is the person to whom the letter relates and that said individual is a registered qualified social worker with one of the four UK Councils.

The letter of verification will state only that an individual was awarded a specific qualification and the date of the award.  
  
Individuals will be identified in the letter of verification only by their name at the time of qualification. The letter cannot be used as a verification of qualification for name changes e.g. marriage.

The letter of verification will contain an algorithm generated unique identifier to prevent fraudulent issue.

The verification process will typically take up to twenty working days.

There will be no charge for this verification service.

**Please type into the grey areas of this form** or if completing by hand, please complete **all** sections in **BLOCK CAPITALS**

**1. Contact Details for Correspondence**

Letters of verification can only be issued to the award holder. If the award holder gives prior written consent the letter of verification can be sent directly to an employer or employment agency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | | | | | |
| **Forenames** |  | | | | | |
| **Surname** |  | | | | | |
| **Postal Address (including postcode)** |  | | | | | |
| **Telephone No.** |  | **E-mail Address** | | |  | |
| **Reason for request** | Lost/damaged certificate | |  | Requested by employer/agency | |  |
| For personal records | |  | Requested by training provider | |  |
| Other | |  | If ‘Other’ please specify: | | |

**2. Award Holder Details**Please complete all boxes of the following table in as much detail as possible. If the award holder has ever been known by any other name (e.g. maiden name), please provide details as they would have appeared at the point of qualification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** |  | | | |
| **Forenames** |  | | | |
| **Surname** |  | | | |
| **Date of Birth** |  | | | |
|  |  | | | |
| **University/College Name** |  | | | |
| **Dates of Attendance** | From: |  | To: |  |
| **Course Name & Details** |  | | | |
| **Certificate No. If Known** |  | | | |
| If you are, or have ever been, registered :  **Register of Social Care workers Registration Number (SCR)** |  | | | |

**3. Type of Qualification**Please cross (x) **one** of the qualifications below

|  |  |  |  |
| --- | --- | --- | --- |
| Diploma in Social Work |  | Post Qualifying Award in Social Work |  |
| Certificate of Qualification in Social Work |  | Advanced Award in Social Work |  |
| Certificate in Social Service |  | Post Qualifying Award in Social Work Part 1 |  |
| Diploma in the Training and Further Education of Mentally Handicapped Adults |  | Post Qualifying Award in Child Care |  |
| In-Service Course in Social Care |  | Mental Health Social Work Award (ASW or AMHP) |  |
| Preliminary Certificate in Social Care |  | Certificate in the Residential Care of Children and Young People |  |
| Practice Teacher Award |  |  |  |
| If other, please provide name in full: | | | |

**4. Declaration**I hereby confirm that the information provided on this form is correct and that I have read and fully understand the important information section on page one of this document.

If returning by post, sign below. If returning by e-mail you can type your name below.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date of application** |  |

