



## Application for equivalency assessment of a professional qualification to practice in Wales

### Qualification Equivalency Assessment Form

**If you need this document in any other print size, format or language, please contact the Registration Helpline**

If you trained and qualified outside the UK and want to apply to register to work in Wales, please complete both the *Application Form* available at [www.scwonline.wales](http://www.scwonline.wales) and this *Qualification Equivalency Assessment Form* and submit both to Social Care Wales with the required documents.

To complete the form, click on a box to insert a tick as appropriate and write or type the information requested in the space provided. To help you to complete this form, *Qualification Equivalency Assessment Form Guidance* is available on the Social Care Wales website.

**Please note:** Answer all the questions, as an **incomplete form** will be returned to you. You are **not registered with Social Care Wales** until you receive confirmation in writing.

<b>Registration Helpline</b>	<b>Monday to Friday 9am - 5pm</b>
<b>Telephone (within the UK):</b>	0300 30 33 444
<b>E-mail:</b>	<a href="mailto:internationallyqualified@socialcare.wales">internationallyqualified@socialcare.wales</a>
<b>Website:</b>	<a href="http://www.socialcare.wales">www.socialcare.wales</a>
<b>The postal address:</b>	Social Care Wales South Gate House, Wood Street, Cardiff CF10 1EW

## 1. Your profession

I intend to practise as:

A Social Worker

A Social Care Manager

## 2. Your details

Forename / first name(s):

Surname / family name:

Nationality:

Do you have more than one nationality?

Yes

No

Nationality 2:

Passport number:

## 3. Your qualification

In which country did you complete your professional training?

What is the title of your professional qualification in the original language as it appears on the evidence of your qualification, including any specialisation?

What is the title of your professional qualification in English, including any specialisation

List here what documents you are including with your application as evidence of your qualification. See Qualification Equivalency Assessment Guidance Section 3 for what evidence is required.

#### 4. The educational institution where you studied

What is the name of the educational institution where you studied?

In the original language:

In English:

What is the website address?

Who can we contact at the educational institution?

Name:

Job title:

Address:

E-mail:

Telephone, including country and area codes:

#### 5. The awarding body

Is the body that awarded your qualification different to the educational institution where you studied?

Yes

No (move to question 6)

If 'Yes', what is the name of the awarding body in the original language? Please use the Latin alphabet.

Who can we contact at the awarding body?

Name:

Job title:

Address:

E-mail:

Telephone:



## 8. Details about your supervised and assessed practice

### Placement 1

Start date:        /                      End date:        /  
                    MM        YYYY                      MM        YYYY

Total number of days that you spent on this placement?        days

Which groups of people who use services did you work with?

          children and young people            adults            both

What is the name and address of the organisation of your placement provider?

Organisations name:

Address:

Country:

Who can we contact about this placement?

Email address:

What were your roles and responsibilities on this placement?

Were you supervised by a qualified social worker during this placement?

          Yes            No

If no, please tell us how you were supervised and by whom.

What contact and support did you receive from your educational institution during this placement?

## 8. Details about your supervised and assessed practice (continued)

### Placement 2

Start date:        /                      End date:        /  
                    MM        YYYY                      MM        YYYY

Total number of days that you spent on this placement?        days

Which groups of people who use services did you work with?

children and young people        people with disabilities        mental health  
older people        youth/criminal justice        other – please specify:

What is the name and address of the organisation of your placement provider?

Organisations name:

Address:

Country:

Who can we contact about this placement?

Email address:

What were your roles and responsibilities on this placement?

Were you supervised by a qualified social worker during this placement?

Yes                      No

If no, please tell us how you were supervised and by whom.

What contact and support did you receive from your educational institution during this placement?







## 9. Your experience in social work employment and voluntary work since you qualified in social work

On the Application Form to Register you are required to list your employment history. Since you qualified, have you had experience in social work employment or voluntary work?

Yes                      No

If you answer 'Yes' remember to enclose evidence (See the *Qualification Equivalency Assessment Form Guidance*)

Since you qualified, have you undertaken in-house training that is relevant to social work practice?

Yes                      No

If you answer 'Yes' remember to enclose evidence (See the *Qualification Equivalency Assessment Form Guidance*)

### Your current employment

#### Current job 1

Describe the roles and responsibilities of your current job:

If you have a second current job, please describe it here:

#### Current job 2

Describe the roles and responsibilities of your current second job:

## 10. Translation

Details to be added here by the translator you use for any of your documents or to translate the application form for your endorser.

### Translator – your details

Translator's name:

E-mail:

Website address:

Telephone number:

Address:

Country:

Please click on a box to insert a tick as appropriate:

I have translated supporting documents

I have translated the *Guidance, Application Form to Register* and the *Qualification Equivalency Assessment Form* for the endorser

I have provided a true record of the endorser's answers to the questions on the application form to register.

You may contact me about the service I have provided

Signature:

Print name:

Date:

Official stamp, if applicable:

**Please give this form and the verified documents back to the applicant**

## 11. Declaration

Please click on a box to insert a tick:

I confirm that all the information I have provided on this *Qualification Equivalency Assessment Form* is a true and accurate record.

## 12. What happens next

You need to complete the following information:

- An application form to register on [www.SCWonline.wales](http://www.SCWonline.wales)
- Verified copies of all your supporting documents
- Your fee, which covers both your registration application and your qualification equivalency assessment. Information on the current fees can be found on our [website](#).

Please upload your documents to your SCWonline account.

Your qualification will not be assessed until you have submitted the forms and all the evidence required for your application. Full information about registration and the qualification equivalency assessment processes is on the website. You can contact the Registration Helpline (see page 1) for help with any part of the application and assessment process.

Please see our [website](#) for privacy information.