

# SC2

#### Declaration and consent form

This form should be completed by the applicant, including:

- all individuals registering as an individual provider
- the proposed responsible individual representing an organisation
- all partners (in the case of a partnership)
- the manager/person in charge of the day-to-day running of the provision
- all directors of a children's home involved in the carrying on of the children's home

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 children's social care services* www.gov.uk/government/publications/guide-to-registration-for-childrens-social-care-services).

There are also five introductory guides available about adoption support agencies, children's homes, independent fostering agencies, residential family centres and voluntary adoption agencies. All guides are available on our website. 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>

This form will be computer-scanned. If completing by hand please use **black ink** and **block capitals**.

Please leave blank for Ofsted use

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





## Section A – Details of the registered social care setting/application

**(A1–A4)** We need to know about the children's social care application (children's home, residential family centre, voluntary adoption agency, independent fostering agency, adoption support agency or residential holiday scheme for disabled children) with which you are associated. If this application relates to a residential holiday scheme for disabled children, you should provide the address of the principal office used to carry out the administration of the holiday scheme.

#### 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 look after children, 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.



A	Details of the register	ed social	l care es	tabli	shm	ent o	or ag	Jency	y ap	plica	tion	
<b>A1</b>	Name of establishment or ag	ency										
A2	Type of service											
A3	Address of establishment or a	agency										
	Postcode											
<b>A4</b>	Ofsted registration number (i	f known)										
В	Personal details											
<b>B1</b>	Title (please mark one or speci	y) 🗌 Mr	🗌 Mrs		Miss		Ms	Othe	r			
B2	First name(s) (in full)											
<b>B</b> 3	Surname (family name)											
<b>B4</b>	Surname at birth	Any other fi used	rst name(s)	) ever	Any	other	surna	me(s)	ever	used		
B5	Date of birth				D	D	Μ	Μ	Y	Y	Y	Υ
B6	Gender					Male					Fema	ale
B7	Have you/your organisation i											
	for registration with Ofsted to care setting after 30 Septem	-	children's s	ocial		Yes				No		
	If 'Yes', please give its Ofsted real to identify your previous applicat		nber (if appr	opriate)	, and a	as muc	h infor	matior	n as po	ssible	to allov	w us
	Ofsted registration number											
	If you have answered 'Yes' to A, B, C, E and F where any ir	•	•							•		



#### 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–D4)** 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 children's social care services* has more information on roles. Tick all the boxes on the form that apply to you.

- If you are applying as an individual, please tick D1 (for children's homes, an individual provider may be more than one person. All people who make up an individual provider must apply to register).
- If you are applying on behalf of an organisation, please tick D2.
- If you are applying as a member of a partnership, please tick D3.
- If you are the person in charge of the day-to-day running of the setting (the manager), please tick D4.
- If you are a director of an organisation applying to register a children's home, please tick D5.



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

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

B9	Il other addresses lived at within the last five years (include dates)
С	Contact details
C1	Contact numbers (include area code) (please mark one main contact number)
CI	Telephone     Image: Second and the seco
	Aobile     Image: Analysis of the second secon
C2	inoine in the second seco
С3	1 ark here if you do not want to receive communications electronically.
C4	Vhen is the most suitable time to contact you?
D	our connection with the registration
D1	re you applying as an individual for registration?
D2	rre you a responsible individual representing an organisation?
D3	are you a member of a partnership?
D4	are you applying to be registered as the manager of a setting?
D5	re you a director of an organisation applying for registration?



## 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 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.



E	Current and past registration details	
E1	Do you, or have you in the past, carried on a business?	🔲 No
	If you have answered 'Yes', please give details.	
E2	Do you have any current financial or work interests in any other establishments or agencies registered with Ofsted?	D No
	If you have answered 'Yes', please give details.	
E3	Have you ever been registered, or licensed for, or been the owner, responsible in of, any service registered or licensed under the:	ndividual or manager
	Registered Homes Act 1984	🗌 Yes 🔲 No
	Registered Homes (Amendment) Act 1991	🗋 Yes 📋 No
	Children Act 1989 (including childminding or day-care provision for children)	🗌 Yes 🔲 No
	Childcare Act 2006	🗌 Yes 🔲 No
	Nurses Agencies Act 1957	🗌 Yes 🔲 No
	Care Standards Act 2000	🗌 Yes 🔲 No
	Health and Social Care Act 2008	🗌 Yes 🔲 No
	If you have answered 'Yes', please give details.	
E4	Have you ever had an application refused or your registration cancelled under any of the above Acts?	🗌 Yes 🔲 No
E5	Have you ever withdrawn an application to Ofsted to be a registered provider or	
	a registered manager?	🗌 Yes 🔲 No
	If you have answered 'Yes' please provide details, for example, the Ofsted refere application and / or withdrawal.	· · · · · · · · · · · · · · · · · · ·
E6	Have you ever been adjudged bankrupt, been subject to a debt relief order, beer sequestration of your estate, made a composition or arrangement with creditors, deed for creditors?	
	If you have answered 'Yes', please give details.	
E7	Have you ever been subject to disciplinary procedures?	🔲 No
	If you have answered 'Yes', please give details.	



E8	<ul> <li>Is any person related to you:</li> <li>working at, or going to work at, the establishment; or</li> <li>working for the purposes of the agency?</li> </ul>	Yes	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 care 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.

**One of the two referees must be your most recent employer.** 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 provide an employer's reference you should provde two references from people who have known you in a professional capacity.

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 setting
- 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, where applicable.

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



F	Professional referees, qualifications and employment history							
	Please provide names and addresses of two people from whom we can obtain professional references.							
F1	Title and full name							
	Job title							
	Full postal address							
	Postcode III III III III III III IIII IIII II							
	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							
F2	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							
F3	Qualifications relevant to role							
	Experience relevant to role							



Full employment h																	
Name and address	s of pr	esent	t emp	loyer													
Job title																	
Employed since	D	D	М	М	Y	Y	Y	Y									
Name and address	s of pr	eviou	ıs em	ploye	r												
Job title																	
Employed from	D	D	М	М	Y	Y	Y	Y	to	D	D	Μ	Μ	Υ	Y	Υ	
Reason for leaving	]																
Name and address		eviou	is em	plove	r												
Job title																	
Employed from	D	D	М	М	Y	Y	Y	Y	to	D	D	Μ	Μ	Υ	Υ	Y	
Reason for leaving	]																
Name and address	s of pr	eviou	ıs em	ploye	r												
Reason for leaving	]																
Job title																	
Employed from	D	D	Μ	М	Y	Y	Y	Y	to	D	D	М	М	Y	Y	Y	
Reason for leaving	]																
Name and address	s of pr	eviou	ıs em	ploye	r												
	•			- •													
																	-
Job title																	
Employed from	D	D	М	М	Y	Y	Y	Y	to	D	D	М	М	Y	Y	Y	
Reason for leaving	1																
	,																



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



#### 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 children's social care services* available at www.gov.uk/government/publications/guide-to-registration-for-childrens-social-care-services. 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 *Social care compliance handbook* (available at www.gov.uk/government/publications/social-care-compliance-handbook-from-september-2014) 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.

If you are disqualified from carrying on or managing, having a financial interest in, or being employed at, a children's home you will need to apply for written consent to apply for registration. Consent must be granted before you can apply.

If you need more space, please use section J.



G	Suitability and disqualification										
G1	Please provide the reference number for your Disclosure and Barring Service certificate										
G2	I have subscribed to the Disclosure and Barring Service update service and agree to Ofsted performing a DBS status check.										
G3	Do any of the circumstances listed in The Disqualification from										
	Caring for Children (England) Regulations 2002 apply to you?			Y	es			N	lo		
	If you have answered 'Yes', please specify which circumstances (I details, including dates.	isted	in t	he re	egul	atio	ns) a	pply	y an	d g	ive
G4	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?		Yes	5			N	0			
	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 children's social care 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  $\pm 5,000$  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.

**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													
Name													
Status													
Date of s	signature					D	D	Μ	М	Y	Y	Y	Y
	ould like to see purposes. Plea	, ,			•	behal	fofre	esear	ch org	janisa	tions	for	
	I do not agree	to Ofsted	contacting	g me in o	connectio	on wit	h Ofs	ted a	pprov	ed res	search	n proj	ects.



## 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].



J	Additional information



## 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.