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SWP1

Application form for providers of social work services| electronic

This form should be completed by the applicant for registration or a person with the authority to represent the applicant. (see the *Guide to registration for providers of children's social work services* at www.ofsted.gov.uk/resources/130234)

In addition an SWP2 form must be completed by:

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

Please complete this application form in full, following the guidance provided. You must also provide all the additional information and documentation detailed on the *Checklist*, at www.ofsted.gov.uk/resources/70085. 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 children's social work services* when completing this application form.


If you need any help to complete this form, please phone Ofsted on 0300 123 1231.

Please send all the forms, and the other documents required, to Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester, M1 2WD.

Please note: When returning this form make sure you include this page (page 1). We cannot accept your application without it.

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

Please leave blank for Ofsted use



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

Section A – Application for providers of social work services

(A1) We need to know about who is applying to register. We register a 'person' for each service. A 'person' may be a limited liability partnership or an organisation, such as a limited company. The *Guide to registration for providers of children's social work services* gives more details about which people need to register.

(A3) 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 that information has not changed. But please note that you must always answer question B5 and complete section G. We may need to contact you to ensure that we have identified the correct application form.

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

A Application for providers of social work services	
A1	Are you applying as <input type="checkbox"/> A company <input type="checkbox"/> A limited liability partnership
A2	Are you applying because you intend to purchase an agency that is already registered to provide social work services <input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes', please give the name and address of the provision and its Ofsted registration number.
	Name
	Address (in full)
	Postcode
	Ofsted registration number
A3	Has your organisation made a previous social care application for registration with Ofsted to register a children's social care establishment or agency after 30 September 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes', please give the Ofsted registration number (if appropriate) and as much information as possible, including the date submitted, to allow us to identify your previous application.
	Ofsted registration number

Section B – Applicant details

(B1) You are required to provide evidence of your financial viability to operate as a provider of social work services. You can use the section below to provide any information you would like to share with us to demonstrate to us how you meet this requirement. Please continue on the additional information section at the end of this form if you need to add further details.

(B2) We need to know if you have financial interests in any other establishments, agencies or holiday schemes for disabled children registered by us. Please continue on the additional information section at the end of this form if there is more than one establishment, agency or holiday scheme for disabled children, or if you need to add further details. You will need to supply us with this information for each establishment, agency or holiday scheme for disabled children.

(B3) We need to know if your organisation has ever been registered to provide care under any of the Acts listed in box B3. Please provide details of any registration held including information about the type of service provided, the dates of registration, reasons why the registration ceased, if this is the case, and any other detail you think is relevant.

Please note: we will send any correspondence about your application to:

- an organisation or limited liability partnership at the organisation or limited liability partnership's office or address
- a manager at their personal address.

B Applicant details

B1	Is your organisation financially viable, does it have appropriate finance available and can you supply a business plan and details of cash-flow or predicted cash-flow?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered 'Yes', please give details on how you can meet these criteria for registration.

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B2	Does your organisation have any current financial or work interests in one or more other establishments, agencies or holiday schemes for disabled children registered with us?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If 'Yes', please give the name and address of the provision and its Ofsted registration number. If there is more than one, please use section H to provide details of each establishment, agency or holiday schemes for disabled children.

Name	
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Address (in full)	
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--	--

Postcode									
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Ofsted registration number									
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B3	Has your organisation ever been registered or licensed for, or been the owner of or a partner in, any service registered or licensed under the:
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- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| ■ 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 | <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 |

If you have answered 'Yes', please give details.

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Section B – Applicant details (continued)

(B4) We need to know if your organisation or limited liability partnership has ever been refused registration or had a registration cancelled under legislation.

(B5) We ask you to give a target opening date, but we cannot guarantee to meet this date. We hope to make a registration decision for all providers of social work services within 16 weeks. However, a number of the stages in the application process depend on information from other agencies and action you have to take. There is more information about the process in the *Guide to registration for providers of children's social work services*.

Please note that applications are not subject to tacit approval under the EU Services Directive. Tacit approval relates to a situation in which an authority does not process an application for registration within the published timescales and the application as a result becomes deemed as having been granted. It does not apply to applications to Ofsted for registration as a children's social care provider because different arrangements are in place for overriding reasons relating to the public interest, namely the need to safeguard and protect children's welfare.²

² Provision of Services Regulations 2009, Regulations 19(5) and (6); www.legislation.gov.uk/uksi/2009/2999/contents/made

B Applicant details (continued)

B4 Has your organisation or partnership ever had an application refused or registration cancelled under any of the acts listed in B3? Yes No

If you have answered 'Yes', please give details.

Ofsted registration number								Organisation ID							

B5 Target opening date D D M M Y Y Y Y

B6 I have submitted an SWP2 form with this application.

If you are applying as a limited liability partnership, answer B7–B8.

If you are applying as an organisation, answer B9–B32.

B7 Persons who are part of the limited liability partnership

Title	First name(s)	Surname	Date of birth								Position/management responsibility/contact with children and/or young people
			D	D	M	M	Y	Y	Y	Y	
			D	D	M	M	Y	Y	Y	Y	
			D	D	M	M	Y	Y	Y	Y	
			D	D	M	M	Y	Y	Y	Y	
			D	D	M	M	Y	Y	Y	Y	
			D	D	M	M	Y	Y	Y	Y	

B8 Name and address of limited liability partnership

Postcode

I have submitted an SWP2 form for each relevant partner with this application

Please go to section C.

Section B – Applicant details (organisation only)

This section asks for information about the organisation that is applying to be the Registered Provider of social work services. There is more information about Registered Providers in the *Guide to registration for providers of children's social work services*

(B12) This must be the organisation address, for example the company registered address. Where the organisation does not have a secure postal address, put the address of the chairman, director or an individual of a comparable position.

(B14) We increasingly use email to contact people. It is your responsibility to keep us updated of any changes to your email address. Please let us know if you do not want us to contact you in this way.

B Applicant details – organisation only																
B9	Organisation sector (please mark one box only)															
	<input type="checkbox"/>	Voluntary	<input type="checkbox"/>	Private												
B10	Type of organisation (please mark one box only)															
	<input type="checkbox"/>	Company	<input type="checkbox"/>	Limited Liability Partnership												
B11	Name of organisation															
B12	Address of organisation															
B13	Telephone number (including area code)															
B14	Email address															
B15	Mark here if you do not want to receive communications electronically											<input type="checkbox"/>				
B16	Date organisation came into being								D	D	M	M	Y	Y	Y	Y
B17	Registered charity number (if applicable)															
B18	Registered company number (if applicable)															
B19	Is the organisation in B11 a subsidiary of a holding company?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	If 'Yes', please complete B20 – B27. If 'No' please complete B32.															
B20	Name of holding company															
B21	Address of holding company															
B22	Telephone number of the holding company (including area code)															
B23	Email address															
B24	Date holding company came into being								D	D	M	M	Y	Y	Y	Y
B25	Registered charity no. of holding company (if applicable)															
B26	Registered company no. of holding company (if applicable)															
B27	Does the holding company in B20 have any other subsidiaries registered with Ofsted?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	If 'Yes' please provide details below (please use section H if there is more than one subsidiary).															

B28	Name of subsidiary	
B29	Address of subsidiary	
		Postcode
B30	Telephone number of subsidiary	
B31	Email address	
B32	Is the organisation in B11 a holding company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please complete B33. If 'No' please go to B39.	
B33	Does the holding company have any subsidiaries registered with Ofsted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please provide details below (please use section H if there is more than one subsidiary).	
B34	Name of subsidiary	
B35	Address of subsidiary	
		Postcode
B36	Telephone number of subsidiary	
B37	Email address	
B38	Ofsted registration number	

Sections B – Applicant details (organisation continued)

(B39) We need to ask for details about all individuals who make up the Registered Provider. Please read the *Guide to registration for providers of children’s social work services* for more information about the Registered Provider. In the table, list the full names of each director, manager, secretary, or any other similar officer of the organisation. For each person please indicate:

- if he or she will have management responsibility for staff
- if he or she will have significant contact with children.

(B40) The responsible individual represents the organisation in its dealings with Ofsted. The *Guide to registration for providers of children’s social work services* gives more information on the responsible individual.

You must give details of a responsible individual who is the most senior person with delegated, clearly identifiable and direct responsibility for managing, planning and monitoring the agency providing social work services.

We ask for more information about this person on form SWP2 which asks for their consent to carry out checks. The form must be included with the application unless the person has already submitted one to us.

B Applicant details – organisation (continued)											
B39 Persons who are part of the proposed Registered Provider											
Title	First name(s)	Surname	Date of birth				Position/management responsibility/contact with children and/or young people	Is this person disqualified?			
			D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
			D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
			D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
			D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
			D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
			D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
			D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
B40 Responsible individual											
Title (please mark one or specify)		<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	Other	
First name(s) (in full)											
Surname (family name)											
Position within company											
I have submitted an SWP2 form for the responsible individual with this application.										<input type="checkbox"/>	
Please ensure you have submitted an SWP2 form for the responsible individual.											

Section C – Premises

These questions concern the premises where you intend to provide social work services.

There are other agencies which may have an interest in your business such as the Fire Authority and the Environmental Health Department. The inspector may ask you about this at the registration visit. We may take the recommendations of other agencies into account when deciding on the suitability of the premises. The *Guide to registration for providers of children's social work services* gives more information on other agencies.

Please use section H if you need more space.

C Premises	
C1	Name of organisational premises offering social work provider services
C2	Full postal address of organisational premises offering social work provider services
	Postcode
C3	Contact telephone number (including area code)
C4	Email address
C5	Will you have sole use of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'No', please give details.
C6	Is the agency operated from more than one site? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide the following information on each additional site
	Full postal address
	Postcode
	Contact telephone number (including area code)
	Fax number
	Email address
	Details of any travel arrangements between sites.

Section C – Premises

C7	Will you regularly use any other premises in connection with the delivery of social work provider services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
If 'Yes', please give the full address of the other premises and details of any travel arrangements between premises.													
Postcode													
C8	Please give a brief description of the premises, including a description of whether the premises are purpose built or converted, and of the area they are located in.												
C9	Are the premises ready to meet the needs of the service users as set out in the statement of proposed arrangements with the local authority?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
If 'No', please give details of building work or conversions you need to meet the aims of the service, and the date the premises will be ready.													
Completion date													
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>						D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y						

C10	Do the premises require planning permission?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C11	Have you obtained the required planning permission or do you have evidence from the local authority to confirm that planning permission is not required?	<input type="checkbox"/>	Yes, copy attached		
		<input type="checkbox"/>	Yes, copy to follow		
		<input type="checkbox"/>	No, planning application in progress		
C12	Can you confirm the premises can be used without a change to the existing planning permission?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C13	Does the building meet the requirements of the Disability Discrimination Act 2005 in terms of access?				
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If 'No', please give details.					
C14	Please give a description of the security arrangements, including how you will safeguard access to the information you hold, and how you will restrict access from other buildings/other parts of the building (where appropriate).				

Section D – Staff posts

These questions ask for details, if you have them, about the staff posts you are recruiting to care for children and young people. We will discuss this further when we visit you.

D Staff posts		
Post	Duties and responsibilities	
What is the number of full time posts?		
What is the number of part time posts?		

Section E – Information about your agency

(E1–E4) The details contained in section E relate to the Care Standards Act 2000 (England) (Registration) Regulations 2010. These details will form part of the conditions for your registration. For more information about conditions please see *Conditions of registration for all providers of social work services on behalf of a local authority*.

E Information about your organisation and its planned provision			
E1	Provision of social work services		
E1a	Type of service (please mark all that apply)		
	<input type="checkbox"/> Services to looked after children	<input type="checkbox"/> Services to care leavers	<input type="checkbox"/> Services to looked after children and care leavers
E1b	Please specify which local authority you are providing services for		
E1c	Is this the sole local authority you are providing services for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not please name the other local authorities you are providing services for		
E1d	Please detail below the services you are providing on behalf of other local authorities		
	<input type="checkbox"/> Services to looked after children	<input type="checkbox"/> Services to care leavers	<input type="checkbox"/> Services to looked after children and care leavers
E2	Please provide any other details of services provided on behalf of additional local authorities		
E3	What is the length of the contract you have with the/each local authority?		
E4	What are the contract review arrangements with the/each local authority?		

Section F – The manager or person in charge of the provision of social work services

The manager or person in charge is the person who has day-to-day management of the agency registered as a provider of social work services on behalf of a local authority. Please provide details of the manager (refer to the *Guide to registration for providers of children's social work services* for the definition) and ensure that this person has completed a declaration and consent form (SWP2), and this is included with your application where appropriate.

If they have not, you will need to include an SWP2 form with the application and ask the person to complete a health declaration booklet. Details about this are included in the *Guide to registration for providers of children's social work services*.

The manager must have had all their checks completed before we can make a decision about your registration as a provider. We make a decision about your registration at the same time as we decide the manager's application for registration.

F The manager of the provision of social work service										
F1	Title (please mark one or specify)	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	Other
	First name(s) (in full)									
	Surname (family name)									
	I have submitted an SWP2 form for the proposed registered manager/person in charge with this application									<input type="checkbox"/>

Please ensure you have submitted an SWP2 form for the manager/person in charge.

F2	Will the manager be running any other establishment, agency or business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If you have answered 'Yes', please give details.				

Section G – Agreement

This section asks you to make certain declarations and agreements, and to sign the form having read and agreed to the information given. The form will be returned if you have not signed and dated this section.

It seeks your consent to carry out a series of checks. As part of the checks we ask other authorities/people to share with us information that they hold about you. We use the information from checks and from interviews with you to make a decision about your fitness to provide social work services. It may be necessary to repeat these checks from time to time in order to assess your ongoing fitness. The checks we carry out are listed in the *Guide to registration for providers of children's social work services*. By signing the form in section G you are consenting to us carrying out checks and using information provided from the checks and the application form in the way set out above.

If during the registration process, or after registration is granted, there are changes to your circumstances that might affect your fitness to provide social care, you must let us know. These changes are set out in regulations and in the *Guide to registration for providers of children's social work services*.

All applicants must pay a non-refundable fee on application. An application is not complete until the fee is received.

It is an offence to knowingly make a statement in an application which 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 G you are declaring that all the details in your application are true, to the best of your knowledge and belief.

G Agreement

I consent to Ofsted carrying out checks and using the information provided from the checks and this application form as explained on page 29.

I agree to notify Ofsted of any changes to the information on this form which may affect my suitability to provide social work services.

I understand that my application is not complete until I have paid the application fee.

I declare that all the information I have given on this application form is true to the best of my knowledge and belief. I understand that my application may be refused if I have knowingly given false information or have withheld relevant details.

I agree to the details in section E of this application forming the conditions of my registration with Ofsted.

I declare every person who works, or is intended to work for the purposes of providing social work services on behalf of a local authority and has regular contact with children or access to sensitive information about children, has an enhanced Disclosure and Barring Service certificate, where they are eligible for one.

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.

The signature required below is that of the applicant for registration or a person with the authority to represent the applicant if an organisation.

Signed												
Name												
Status (for example individual, director, chairperson)					Date of signature							
					D	D	M	M	Y	Y	Y	Y
Name of organisation (where appropriate)												
Signed on behalf of (please mark one box only)												
<input type="checkbox"/> company			<input type="checkbox"/> limited liability partnership									
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.												

H Additional information

Please do not put any additional information in a covering letter; use the space below. 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.

We may get information about you from others, or we may give information to them. We will only do so in accordance with the law.³ We may check information we receive about you with what is already in our records. This can include information provided by you as well as by others such as other government departments and agencies. Please return the completed form, along with all other forms and fees, to:

Ofsted NBU
Piccadilly Gate
Store Street
Manchester
M1 2WD.

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

³ The Care Standards Act 2000 (Registration) Regulations 2010;
www.legislation.gov.uk/ukpga/2000/14/contents.