

Updating skills and knowledge (digital form)

This form is used to demonstrate how you have updated your skills and knowledge, in accordance with rule 14(2) of our registration rules.

You should only fill this form in if you gained your social work qualification more than five years ago and you have not been practising as a social worker in the last two years or more.

New applicant who qualified more than five years ago: 60 days

Returning to social work after two years: 30 days

Returning to social work after five years: 60 days

For more information, please read our [applicant guidance](#) or [restoration guidance](#) on our website at socialworkengland.org.uk

If any of the information that you provide during the application process, or at any point during your registration with Social Work England, is found to be false or misleading, we may take action to refuse, restrict or remove your registration in accordance with our legislation.

You should ensure that the information we hold about you is up to date. Failure to do so may lead to your suspension or removal from the register.

Your registration with us is dependent on your compliance with the professional standards and any other codes and standards relevant to social work. Failure to comply with any of these may be considered in any fitness to practise proceedings. If your application to us is successful, you will be required to renew your registration and declare that you meet the standards on an annual basis.

This form is the digital version. We recommend filling out the form digitally using Microsoft Word. For the paper version, or for any other enquiry, please contact us at:

Social Work England, 1 North Bank, Blonk Street, Sheffield, S3 8JY

enquiries@socialworkengland.org.uk

0808 196 2274

Personal details

- | | |
|--------------------------------------|----------------------------------|
| Your application/registration number | Click or tap here to enter text. |
| First name(s) | Click or tap here to enter text. |
| Surname/family name | Click or tap here to enter text. |
| Date you gained your qualification | Click or tap to enter a date. |

Updating period

- | | |
|----------------------|----------------------------------|
| Supervised days | Click or tap here to enter text. |
| Formal study days | Click or tap here to enter text. |
| Private study days | Click or tap here to enter text. |
| Total number of days | Click or tap here to enter text. |

I agree that by entering my name in the 'signed' box below, this is in place of and should be treated the same as a physical signature.

I confirm that I have completed the updating period set out above and I enclose the relevant forms to confirm this. All the information in my application is true and I understand that, under the Social Worker Regulations 2018, it is a criminal offence to try to fraudulently enter my name on the register.

Signed Click or tap to enter signature.

Date Click or tap to enter a date.

Supervised practice

You may complete multiple copies of this page if you have been supervised by different social workers. Please note that the supervisor may be contacted to confirm any of the information provided.

Please fill out the supervisor's details below

Full name	Click or tap here to enter text.
Registration number	Click or tap here to enter text.
Organisation/Institution	Click or tap here to enter text.
Department	Click or tap here to enter text.
Address	Click or tap here to enter text.
Town/City	Click or tap here to enter text.
Telephone number	Click or tap here to enter text.
Email address	Click or tap here to enter text.

The supervisor named above must fill in this section

I confirm that I have supervised the applicant from the following dates:

Start date Click or tap to enter a date. End date Click or tap to enter a date.

I have been registered as a social worker for the duration of the supervised practice, I have been registered as a social worker for at least three years and I am not subject to any fitness to practise sanctions or proceedings.

If I were to sign this application form by electronic signature, I confirm that this method of signature indicates my intention to be bound by the information I have provided in my application as if signed by my manuscript signature.

The applicant has completed the period of supervised practice set out in this form. To the best of my knowledge, all information provided regarding the applicant's supervised practice in this form is true and accurate.

Signature Click or tap to enter signature.

Date Click or tap to enter a date.

Supervised practice (continued)

This section is for you, the applicant, to provide details of what your supervised practice involved. You may fill out multiple copies of this page if you need more space.

Date	Hours completed	Activity
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.

Private study

This section is for you to provide details of any private study you have done as part of your period of updating skills and knowledge. You may fill out multiple copies of this page if you need more space.

Date	Hours completed	Activity	How you've met our professional standards
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

I confirm that I have completed the period of private study set out above. All of the information in my private study form is true and I understand that, under the Social Worker Regulations 2018, it is a criminal offence to fraudulently enter my name on the register.

If I were to sign this application form by electronic signature, I confirm that this method of signature indicates my intention to be bound by the information I have provided in my application as if signed by my manuscript signature.

Signed .

Date .

Formal study

This section is for you to provide details of any formal study you have done as part of your period of updating skills and knowledge. You may fill out multiple copies of this page if you need any more space.

Course title Click or tap here to enter text.

Start date Click or tap to enter a date.

End date Click or tap to enter a date.

A qualification in social work was required for entry onto the course

I have included a copy of the certificate I received for completing this course

Please fill out the [course provider's](#) details below

Name of course provider Click or tap here to enter text.

Address Click or tap here to enter text.

Telephone number Click or tap here to enter text.

Email address Click or tap here to enter text.

The course provider must fill in this section

I confirm the following information:

The applicant has completed the above-mentioned course. To the best of my knowledge, all information provided regarding the applicant's formal study in this form is true and accurate.

If I were to sign this application form by electronic signature, I confirm that this method of signature indicates my intention to be bound by the information I have provided in my application as if signed by my manuscript signature.

Signed Click or tap to enter signature.

Date Click or tap to enter a date.