**Return to Social Work / Occupational Therapy Scheme**

**Application form**

Please ensure you have read and understood the Return to Social Work / Occupational Therapy Scheme guidelines from Oxfordshire County Council before you complete this form. All forms must be sent to [workforus@oxfordshire.gov.uk](mailto:workforus@oxfordshire.gov.uk) with electronic copies of all documentation requested.

Please note that incomplete forms with missing documentations maybe rejected.

If you need the form or the return to social work scheme guidelines in an alternative format i.e., Easy Read, large text, audio, Braille, or a community language, please contact the HR helpdesk at [hradvicedesk@oxfordshire.gov.uk](mailto:hradvicedesk@oxfordshire.gov.uk) to discuss your requirements or call the council’s customer services team on 01865 792422 and we will work with you to meet your needs.

Please complete all sections of the application form.

**Are you applying to complete your restoration in children’s, adults’ social care or Occupational Therapy?**

**Section 1 - Personal details**

**Title:**

**Full name:**

**Address:**

**Telephone Number:**

**Email:**

**Have you ever lived or worked overseas? Yes / No**

**If yes, please provide details including year, name of organisation(s), role(s), town, and country.**

**Do you have the right to work in the UK? Yes / No**

Please attach a copy of your valid passport including your right to work in the UK documentation (for UK nationals, a valid passport will suffice)

**Do you hold a current driving licence? Yes / No**

Please attach a copy of your valid driving licence.

**Section 2 - Professional qualification details**

Please list below your educational qualifications including year, name of educational establishment and qualification name. Please provide copies of the relevant qualification certificate / degree / diploma.

**Please list any course(s) which you have undertaken which are relevant to your social care / occupational therapy profession.**

**Section 3 - Professional experience details**

**Please provide details of any previous employment with Oxfordshire County Council. (Job title(s), team(s), year(s), agency worker / permanent employee)**

**Are you interested in applying for a permanent social work/occupational therapy position in OCC once you have completed your restoration? Yes / No**

**You will require a DBS to complete your restoration – please confirm you will be willing to complete this before starting your restoration with us? Yes / No**

**Experience:** Must include a minimum of one role within a social care setting. Please attach your latest CV along with this form.

**Please provide details of your most recent previous two employments:**

**Date from:**

**Date to:   
Employer Name:   
Address:   
Reason for leaving:**

**Date from:   
Date to:   
Employer Name:   
Address:   
Reason for leaving:**

**Current or most recent employment details:**

**Date from:   
Date to:   
Employer Name:**

**Address:   
Reason for leaving:**

**Ill Health Retirement/Dismissal**Have you ever taken ill health retirement or been dismissed for some other reason? If yes, please provide details.

**Section 4- Return to social work/occupational therapy**

**How long have you been out of social work/occupational therapy practice and registration?**

**Please confirm the reason for being out of social work/occupational therapy practice and not being registered.**

**Were you previously registered with HCPC or SWE? If so, when and what was your registration number? Please provide equivalent information if you were in Occupational Therapy field.**

**Were you removed from the register due to a listed offence? If so, please provide details.**

**Have you been subject to a removal order within the last 5 years? If so, please provide details**.

**If you were subject to a removal order more than 5 years ago, have you made an unsuccessful application to restore your registration? If so, please provide details.**

**Have you ever been convicted of a listed offence? If so, please provide details.**

**What requirements do you need to meet to enable restoration? Please check** [Social Work Restoration Guidance](https://www.socialworkengland.org.uk/registration/restoration-guidance/#professionalstandards) / [HCPC Requirements When Returning To OT Practice - RCOT](https://www.rcot.co.uk/about-occupational-therapy/return-to-practice/hcpc-requirements#:~:text=The%20HCPC%20requires%20you%20to%20have%20adequate%20skills,how%20long%20you%20have%20been%20out%20of%20practice.)

**What are you seeking from OCC to support your restoration?**

**Is there a specific area of social care/occupational therapy you are interested in completing your restoration in? Please provide details.**

**Do you have any preference of location and specialism to complete your restoration? Please provide your reasons and details.**

**Do you have any access to work requirements? If yes, please provide details.**

**Section 5- References**

Please provide details of 2 referees. One of these must be your last social care / Occupational Therapy employer and the second from your current employer in any professional field. If you are not currently employed, please provide referee details from your last employer in any professional field.

**May we contact your referees prior to interview? Yes / No**

**Section 6 - Declaration**

*Oxfordshire County Council reserves the right to withdraw you from this scheme at any point should it be evident that any information you have declared in this form is false or inaccurate. Please note that being enrolled in this scheme will not automatically entitle you to a job at Oxfordshire County Council. You will need to apply for any vacancies in accordance with the council’s recruitment and selection procedures and will be subject to safer recruitment checks.*

**Please sign below to confirm that the information you have provided is accurate and that you have read and understood the above statement and the ‘Return to Social Work’ guidance.**

Signature:

Name:

Date: