

**Individual Assessment Route**

**Submission Booklet**

**Professional in Practice**

 **INDIVIDUAL ASSESSMENT SUBMISSION**

**PLEASE COMPLETE BEFORE PRINTING**

**Please complete this booklet when making your submission via the portal. It is the responsibility of the candidate to ensure all information is fully completed and accurately reflects options inputted when making your submission.**

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This must be submitted by 4pm on the first Monday in March / October)

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| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NISCC SCR No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Employer:  |  |  Work Tel No: |  |

|  |  |
| --- | --- |
| Work Address: |  |

**AWARD:**

**AREA OF WORK:**

Click here to choose

Consolidation [ ]

Specialist [ ]

Leadership &

Strategic [ ]

Advanced Scholarship [ ]

**Which assessment method are you using?**

Click here to choose

**REQUIREMENTS**

(Please select **all** requirements

that you are submitting):

**Is this a re-submission:**

Yes [ ]  No [ ]

If Yes, please specify date of last submission:

|  |
| --- |
|  |

Requirement 1 [ ]

Requirement 2 [ ]

Requirement 3 [ ]

Requirement 4 [ ]

Requirement 5 [ ]

Requirement 6 [ ]

Requirement 7 [ ]

Requirement 8 [ ]

Requirement 9 [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you wish to have your submission academically marked? Yes [ ]  No [ ]  *This option is only available to candidates currently registered for the Post Graduate Diploma in Professional Development in Social Work at Ulster University.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of registration with UU:  |  |  | UU Student ID number: |  |

 |

By submitting this piece of work, I confirm that this submission complies with the Word Count Policy (please refer to appropriate handbook) and contains the following amount of words:

|  |  |  |  |
| --- | --- | --- | --- |
| **Word Count** (please specify) |  |  |  |

The Northern Ireland Social Care Council will use anonymised samples of submissions for training purposes. If you do not wish your submission to be used for this purpose, please tick this box [ ]

|  |
| --- |
|  |
| **Plagiarism**I declare that this is all my own work and does not contain unreferenced material copied from any other source. I understand the policy and definition of plagiarism used by the Northern Ireland Social Care Council. If it is shown that material has been plagiarised, or I have otherwise attempted to obtain an unfair advantage for myself or others, I understand that I may face sanctions in accordance with the Social Care Council Standards of Conduct and Practice (2015). Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (Candidate)Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NOTE**: **Your work will not be marked unless you have completed this section** |

**CHECKLIST FOR CANDIDATES**

|  |  |
| --- | --- |
| Correct employer details have been recorded.  | Yes [ ]  No [ ]   |
| Appropriate Award indicated. | Yes [ ]  No [ ]   |
| Correct Requirements identified. | Yes [ ]  No [ ]   |
| Correct method of submission identified. | Yes [ ]  No [ ]   |
| Resubmission indicated (if relevant). | Yes [ ]  No [ ]  * A resubmission is submitted

within a 3 year period of the original submission(*If seeking academic credit it is a requirement of the university that you resubmit at the subsequent exam board*).* A resubmission uses the same method and same case material as the original submission;
* A resubmission covers the same PiP Requirements as the original submission.
 |
| Claim for academic credits identified. | Yes [ ]  No [ ]  If you do wish to claim academic credits, you must have registered with UU and provide your UU registration number. |
| Word count accurately recorded within the correct parameters. | Yes [ ]  No [ ]   |
| Statement of Confidentiality is included and signed. | Yes [ ]  No [ ]   |
| Statement of Consent is included and signed. | Yes [ ]  No [ ]   |
| Line Manager Verification is included, fully completed and signed. | Yes [ ]  No [ ]   |
| Plagiarism statement signed and dated. | Yes [ ]  No [ ]   |

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**Statement of Consent**

* I confirm that informed service user/carer consent was given to use of their case material as evidence of my learning.
* If obtaining service user consent was not possible or if that consent was later withdrawn, I confirm that I have submitted a Practice Theme submission with no direct reference to specific case examples.
* I confirm that I have explained the purpose of gaining consent for this work and have explained clearly how it will be used.

Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (Candidate)

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Statement of Confidentiality**

* Within this submission I have adhered to the General Data Protection Regulations 2018 in relation to the processing and confidentiality of personal data.
* I can confirm that all identifying details relating to service users, carers and their families have been removed.
* Sensitive, confidential and/or critical information about anyone, including other staff and agencies, has been anonymised.
* Names of services users, carers and other professionals referred to in this work have been anonymised by using letters (e.g. “X”) which do not correspond to the person’s actual name.

Signed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (Candidate)

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission**

**Please include your submission here as per handbook guidelines.**

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### Line Manager Verification Report

|  |  |
| --- | --- |
| Candidate Name: |  |
| Candidate Job Role: |  |
| Agency: |  |
| Area of Work: |  |
| Line Manager Name: |  |
| Line Manager Job Role: |  |
| Date of Submission: |  |
| Type of Submission: |  |
| \*Professional supervisor (if applicable): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

1. Please confirm that the submission has been read in full by the line manager (and professional supervisor, if applicable):-

a) Please outline how this submission is typical of the candidate’s performance?

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b) Please outline how this submission reflects the standard expected in the agency?

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2. Please indicate what support was offered to the candidate in the completion of their submission?

|  |  |  |  |
| --- | --- | --- | --- |
| Planned Supervision Sessions |  |  |  |
|  |  |  |  |
| Release for Study Days |  |  |  |
|  |  |  |  |
| Workload Easement |  |  |  |
|  |  |  |  |
| Release for Support Sessions |  |  |  |
|  |  |  |  |
| Other  |  |  |  |

If Other, Please Specify:

3. I confirm that I have checked the submission for breaches of confidentiality.

***SERIOUS BREACHES OF CONFIDENTIALITY WILL RESULT IN THE WORK BEING REFERRED***

4. I confirm that service user consent has been given to use the work for the purposes of this submission.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

 If no, has the candidate followed the NISCC IAR policy on Consent?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  No |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Line Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

\*If the candidate’s line manager is not a social worker the professional supervisor must contribute to the above report in consultation with the line manager.