- Agenda Item 5
 - Enclosure 3
- Paper RC 12 / 03

REGISTRATION COMMITTEE

Registration Application Form and Guidance Notes

From : the Executive

FOR DISCUSSION

Executive Summary

There will be one application form for those applying via the UK, International or Grandparenting routes for registration.

Drafts of the application form and Guidance Notes are before the Committee for discussion.

Executive Summary

There will be one Registration/Readmission Form for those applying via the UK, International or Grandparenting routes for registration or for readmission.

The following documents are attached:

(1)	Registration/Readmission form	(pages 1 – 7)
(2)	Registration/Readmission checklist for UK applicants	(page 8)
(3)	Registration/Readmission checklist for EU/International Applicants	(page 9)
(4)	Registration/Readmission checklist. Additional Information for U.K. applicants	(page 10)
(5)	Instructions to Bank/Building Society.	(page 11)
(6)	Registration/Readmission form. Additional information For EU/International applicants	(page 12)
(7)	Payment instructions	(page 13)
(8)	Registration/Readmission form. Additional Information for Grandparenting applicants	(pages 14 + 15)
(9)	Health Reference Form	(page 16)
(10)	Character Reference Form	(page 17)
(11)	Grandparenting Application Reference Form	(page 18)

10日本日本の「小山」の11日本大学会	Registration/Readmission Form
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	Please complete this form in BLOCK CAPITALS using a Black Ball Point pen. The HPC would ask you to kindly attach all documentation and additional sheets using a paper clip ONLY.
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	SECTION 1 Your Personal Details
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	1.1. Are you a Readmission? i.e. you are coming back to the register Ves No
	1.2 If 'No' are you one of the following types of Candidate?
	EU National W UK National III International Grandparenting
	1.3 Title W Mr Mrs Miss Ms Other
	1.5 First name $n \land \eta \subset $
	1.6 Other names in full
	1.7 Please provide details of any other name by which you have been known
	1.8 Date of birth Andrew Female
	1.10 Home address
	1.12 Country
	1.13 Work address
	1.14 Postcode/Zip code
	1.15 Country
	1.16 Home telephone number (including STD code)
	1.17 Home fax number (including STD code)
	1.18 Mobile telephone number
	1.19 Email address
	1.20 National Insurance Number

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1.22 Professional Name

Art Therapist

- Chiropodist and Podiatrist
- 🕅 Orthoptist
- Physiotherapist
- Biomedical Scientist
- Speech and Language Therapist
- Radiographer
- Clinical Scientist
- Dietitian
- Prosthetist and Orthotist
- Paramedic
- Occupational Therapist

1.23 If you have selected Arts Therapist, Prosthetist and Orthotist, or Radiographer please state

whether you are one or more of the following



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SECTION 2 Character										
evidence to your application?	fessional Body/Organisation that is relevant	🕅 Yes 🕅		REFINOTEXS						
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NAME OF PROFESSIONAL BODY OF WHICH YOU'ARE A MEMBER	ADDRESS OF PROFESSIONAL BODY	COUNTRY	POSTCODE/ZIP/GODE	REGISTRATION NUMBER	UENGTHOF TIME MEMBERSHIP RASIBEENHELD (IN YEARS)					
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2.3 Have you included your character reference

(w)

•	S	SECTION 3 Legal and Disciplinary Proceedings			
	3.1 3.2 3.3 3.4	I have included a Criminal Records Bureau check with my application form Have you ever been convicted of a criminal offense in the UK or elsewhere Have you ever been disciplined by a professional Organisation/Body in the UK or elsewhere Have you ever had civil proceedings brought against you in the UK or elsewhere	Ves Ves Ves Ves Ves	NO NO NO NO NO	3.1 3.2 3.3 3.4 3.5
	3.5	Please provide details if you have answered 'yes' to any of the above questions			5.5
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SECTION 4 Health Declaration					
SECTION 4 Health Declaration					
	SECTION	N4 Hea	ith Deci	aration	1 .

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Are you suffering from any c	ondition that may impair your ability to p	ractice?	🕅 Yes 🖾 No
Please provide details if you	have answered 'yes' to the above quest	ion	15 15 64 64 57 57
Type of illness			ррммүү
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Details of condition			
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4.3 Have you included your health reference?

🕅 Yes 🕅 No 4.3

P	Ś	ECTION 5 Education and Training	a A	
	5.1	Name and address of Institution where original professional qualification was obtained.		5.1
	•••			
		POSICOUP/ZIP CODE		
			DMMYY	5.2
		Date of successful completion of original professional qualification.	<u> </u>	5.3
	5.3	If you are aware of Institution name change please state new name		5.5
			🕅 Yes 🕅 No	
		Are you registered to practice in this or any other country?	Yes an No	5.4
	5.5	If you have answered 'yes' to the above question please state details		5.5
ť		License issuer		
		Registration number		
	5.6	Please give details of your professional qualifications in reverse		5.6
		chronological order (i.e. most recent first)	DDMMYY	
		Date of qualification		
		Name and address of Institution where professional qualification was obtained		
		Postcode/Zip code		
		Subjects studied		
Ć				
		Details of clinical practice		
		Method of assessment		

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Su	bj	e an	d a st	ud	ied			tic	;e												P	os	tco	de			co	de								
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Su	bj	e an	d a st	lin	ical			tic	28												P		tco	de		P	co	eb								
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SECTION 5. Education and Training con.

Date of qualification

DMMYY

Qualification obtained					<u> </u>			
Name and address of I	nstitution w	here pro	fessiona	l qualif	ication	ı was	obtai	ned

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	Postcode/Zip co	ebde

SECTION 6 Declaration of Inform	lation.	200
I DECLARE that I have read, understood and will keep Performance and Ethics.	p to the HPC's standards of Conduct,	REENCTE APPENDX XX
Signature	Date	
I CONFIRM that I have read and understood the HPC the HPC to process my information accordingly.	Data Protection statement and I authorise	REF, NOTE APPENDING
Signature	Date	
I DECLARE that the Information given in this form, and accurate.	nd in any supporting documents, is true	REFNOR
I CONFIRM that I have never been registered under a Medicine Act 1960.	the professions Supplementary to	
I UNDERSTAND that fraudulently procuring an entry under Article 39 of the Health Professions Order 2007	-	
Signature	Date	

Please return your completed application form and any additional information to:



Registration Department

The Health Professions Council Park House, 184 Kennington Park Road, Kennington, London SE11 4BU [t] 020 7582 0866 [f] 020 7820 9684 [e] info@hpc-uk.org [w] www.hpc-uk.org



Registration/Readmission Checklist

Checklist for UK Applicants

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

NO OTHER FORM OF DOCUMENTATION IS ACCEPTABLE TO THE HPC PLEASE DO NOT INCLUDE ANYTHING OTHER THAN THAT WHICH IS LISTED BELOW.

X	PLEASE INITIAL BOX	PLEASE CROSS THIS BOX For HPC Office Use ONLY
I have signed and dated the declaration		
I have included the $\mathfrak{S30}$ for new registrants at th of graduation or $\mathfrak{S60}$ registration fee	ne time	
I have included and completed the character rel	ferençe 🔲	X
I have included and completed the health refere	nge 🔲	X
I have included a legible photocopy of my Pass or DVLA Driving Licence	/ port	X
I have included a legible photocopy of my Birth	Certificate	
I have included a certified legible photocopy as of my name change e.g. Marriage Certificate	evidence	8
I have included photocopy proof of my Education and Training Certificates*	on	8
I have included the CRB form and a cheque of or SCRO form and a cheque of $\pounds13.60$	£12	
/	1	

* Refer to guidance notes.



Registration/Readmission Checklist

Checklist for EU/International Applicants

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

	PLEASE INITIAL BOX	PLEASE CROSS THIS BOX For HPC Office Use ONLY
I have signed and dated the declaration		
I have included the £200 scrutiny fee		
I have included and completed the character reference		⊠
I have included and completed the health reference		
I have included a legible photocopy of my Passport or DMA Driving Licence		
I have included a legible photocopy of my Birth Certificate		
I have included evidence of my name change e.g. Marriage Certificate		
I have included photocopy proof of my Education and Training Certificates*		
I have included photocopy of my course transcript*		X
I have included the CRB form and a cheque of $\pounds12$ or SCRO form and a cheque of $\pounds13.60$		
I have included two clinical references**		

If you don't hold a qualification comparable to a UK approved qualification you may still be eligible for registration. The HPC can take
into account any additional training and experience that you have and you should provide evidence to support it. e.g reference from
employer/Institution certificates.

** It will be beneficial to your application if you provide two clinical references, indicating your training and experiences.



Registration/Readmission Form

Additional Information for UK Applicants

SECTION 8 Payment Instruction

You may pay for your initial registration	on fee by one of the following mechanisms
---	---

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Please select one of the following:

X	Credit	X	Debit card	\boxtimes	Cheque	X	Postal orde
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Card type										
Last 3 numbers of security code printed on signature strip										
Issue number if supplied										
Card name and billing address if different from permanent address on personal details section of form										
Title Mr Mrs Miss Miss Other										
Title Mr Mrs Miss Miss Ms Other										
Title Mrs Miss Miss Other										
Title Mr Mrs Miss Ms Other										

CHEQUE PAYMENTS

(insert name) enclose a £ Sterling cheque to the value of £60 for my registration fee

POSTAL ORDERS

1, _____

١, _

. (insert name) enclose a postal order to the value of £60 for my registration fee





Instructions to your Bank or Building Society to pay by Direct Debit

Please fill in the form and send to:

Registration Department, HPC, Park House, 184 Kennington Park Road, London SE11 4BU

Name(s) of Account Holder(s)	Originator's Identification Number								
Bank/Building Society Account Number	Registration Number								
Branch Sort Code Branch Sort Code Image: mark of the second state o	Instructions to your Bank/Building Society Please pay HPC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. The amounts are variable and will be debited annually on or after 25th August.								
To the Manager:	I understand that this instruction may remain with HPC and, if so, details will be passed electronically to my Bank/Building Society.								
Address:									
	Signature:								
Postcode:	Date:								



This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment date changes HPC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by HPC or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



Registration/Readmission Form

Additional Information for EU/International Applicants

SECTION 1A Personal Details

What is your first language?			
Are you proficient in English?	🖾 Yes 📓 No		

If you have answered 'no' to the above question please provide evidence in your application

REFINCTEXX

SECTION 9 Career Summary

Please provide a brief career history of employment ONLY under your professional title or experience within																												
the profession for which you seek r					- -		·	r	T					 		1		γ	.	,	1	1	- -	·r	-1		1	
Employers name/Business name						<u> </u>		<u> </u>				1	1_		<u> </u>		<u> </u>	<u> </u>		1	<u> </u>		<u> </u>	<u> </u>	<u>i.</u>	<u> </u>		
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Country																						1				1		
Job Title/Position					Τ	Γ																						
Start date																												
End date																												
Main responsibilities/duties																												
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SECTION 10 Payment Instructions											
You may pay for your scrutiny fee by one of the following mechanisms											
Please select one of the following:											
M Credit M Debit card M Cheque M Postal order											
Card type											
Expiry date											
Last 3 numbers of security code printed on signature strip											
Issue number if supplied											
Card name and billing address if different from permanent address on personal details section of form											
Title 🕅 Mr 🖾 Mrs 🖾 Miss 🖾 Ms Other											
Surname/Family name											
Surname/Family name											
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Surname/Family name											
Surname/Family name											
Surname/Family name											



Registration/Readmission Form

Additional Information for Grandparenting Applicants

SECTION 1/A Personal Details

Is this your main occupation? Xes Xes No

If you have answered 'no' to the above question, please provide details of any other jobs

How many hours per week have you practiced on average?

How many hours per week do you spend working at your other jobs?

SECTION 3A Characte

If you can please provide a reference, which demonstrates a statement of lawful practice of the profession

for 3 out of the last 5 years ending 1st May 2003 or the equivalent part time period Image: Structure Image: Structure Image: Structure Image: Structure <t< th=""><th>BEENOTEXX</th></t<>	BEENOTEXX
Have you made any claims on your insurance? Kes No	
Have you had any increased premiums/quoted insurance on loaded terms/been refused insurance?	s 🖾 No
If you have answered 'yes' to any of the above question, please provide details below	
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	· • • • • • • • • •
SECTION 8. Eligibility for Transitional Arrangements	

Have you ever applied to be registered under the Professions Supplementary to Medicine Act 1960	
for the profession that you seek registration? 🔯 Yes 🔯 No	
If you have answered 'yes' to the above question, please provide your registration number	DER (OTERS)
Are you making an application under Article 13 (2) (a)? 🛛 🕅 Yes 🖾 No	
Are you making an application under Article 13 (2) (b)? Kes 🕅 No	GEF NOTE XX

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lease provide a brief career histor ne profeession for which you seek				nt C	DNL	Y ur	der y	you	r pro	ofes	sio	nal t	title	or	exp	beri	enc	e	/ithi	n				EE I	OT	x
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Health Reference Form

Health Professions Order 2001

NOTE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the Health Professions Order 2001 is a criminal offence.

Before being registered under the Health Professions Order 2001 an applicant must satisfy the Health Professions Council that he or she is of good health. A reference as to the applicant's health is to be provided on this form by a registered medical practitioner who has been either the applicant's doctor for the past three years or who has examined the applicant's medical records made by a general medical practitioner who has known the applicant for that period.

A reference may be provided based on the registered medical practitioner's personal knowledge at the time the application is made without carrying out a formal health examination. However, the Council may require the applicant (at his or her own expense) to undergo such an examination in order to provide satisfactory evidence of good mental and physical health.

The Council may make further inquiries of the applicant or referee in order to verify or clarify any part of this reference.

Name of applicant	
	ears and am satisfied he/she is of good health both physically and mentally.
I am not aware of any circumstances which would affe	fect the capacity of the applicant to practise as a
(insert profession)	
I have examined the medical records of the above nan	med person made by a registered medical practitioner who knew him/her for
	tioner who practised in partnership with that practitioner and am satisfied that
there appears to be no medical reason which would at	affect his/her capacity to practise as a
(insert profession)	
Any additional information	
and a second	
· · · · · · · · · · · · · · · · · · ·	
Name	
Practice or Business address	
Telephone (including STD code)	
	Date
Signed	Date



Character Reference Form

Health Professions Order 2001

NOTE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the Health Professions Order 2001 is a criminal offence.

Before being registered under the Health Professions Order 2001 an applicant must satisfy the Health Professions Council that he or she is of good character. A reference as to the applicant's character is to be provided on this form by a person of professional standing in the community and includes a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, justice of the peace, minister of the church, rabbi, imam or other religious official acceptable to the Council, who is not a relative (either directly, or related by marriage which includes partners) and who has known the applicant for at least three years.

The Council may make further inquiries of the applicant or referee in order to verify or clarify any part of this reference.

Name of applicant																		Ι								
I have known the ab	ove nam	ned p	erson	for	Υ Υ	years	s and	l kno	w o	f no	rea	sor	ı wł	ny h	ie/sl	ıe sl	houl	d ne	ot p	racti	se a	is a	l			
															(îns	ert r	orofe	ssia	n) v	with	hon	est	v ar	nd ir	nteq	rity.

(insert profession) with honesty and integrity.

Any additional information

Name					Γ														Γ	Γ		L	Γ	L	\Box
Occupation																<u> </u>				I					\Box
Practice or Business address																									
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Telephone (including STD code)																									
Please state in what capacity th	Please state in what capacity the applicant is known to you																								

Grandparenting Application Reference Form

NOTE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the *Health Professions* Order 2001 is a criminal offence.

NAME

The person named above has been known to (*delete as appropriate) me personally*/in my professional c	capacity* since	DDMMYY

and I confirm that, to the best of my knowledge and belief, the applicant has been practising as a

(insert profession)

SINCE DDMMYY

I hereby authorise the Health Professions Council, or a nominated agent of the Council, to undertake any checks that the Council may deem necessary to authenticate this reference. I understand that it is a criminal offence under the *Health Professions Order 2001* to make this declaration falsely.

Signature of referee Date

PERSONAL DETAILS OF REFEREE

1.1	Title Mr Mrs Miss Ms Other	1.1
1.2	Full name	1.2
1.3	Business address	1.3
1.4	Postcode/Zip code	1.4
1.5		1.5
16	Main Telephone number (including STD code)	1.6