

The Registrar  
Health and Care Professions Council  
Park House  
184-186 Kennington Park Road  
London  
SE11 4BU



Registration number:

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**Voluntary de-registration request**

Dear HCPC

I wish to remove my name from the Health and Care Professions Council (HCPC) Register.

I am unaware of any current allegation, investigation, proceedings or order which may result in action being taken against me.

*Tick the following options where applicable:*

Remove my name from the Register on the following date:

D	D	M	M	Y	Y
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**Please note, until your name has been removed from our Register, you may continue to receive communication from the HCPC.**

Please only tick **one** option. Refund any fees by:

UK based bank account we have on record

**Or**

To the following UK based bank account:

Account holder name: .....

Account number: 

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Account sort code: 

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Once my name has been removed from the Register, I will not practise using the protected title/s within the United Kingdom without becoming registered again with the HCPC or any subsequent body fulfilling a similar regulatory role.

Signed .....

Date.....

*Please complete below in BLOCK CAPITALS*

Name .....

Current address .....

.....

.....

Post code .....

<b>For HCPC use only</b>	
Refund due?	Yes / No
Payment method:	BACS / Cheque
Date scanned & sent to finance	.....