

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)



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**.

SECTION 1 Your Personal Details

1.1. Are you a Readmission? i.e. you are coming back to the register Yes No REF NOTE 1.1

1.2 If 'No' are you one of the following types of Candidate? 1.2
 EU National UK National International Grandparenting

1.3 Title Mr Mrs Miss Ms Other 1.3

1.4 Surname/Family name 1.4

1.5 First name 1.5

1.6 Other names in full 1.6

1.7 Please provide details of any other name by which you have been known 1.7

1.8 Date of birth 1.8

1.9 Sex Male Female 1.9

1.10 Home address 1.10

1.11 Postcode/Zip code 1.11

1.12 Country 1.12

1.13 Work address REF NOTE 1.13

1.14 Postcode/Zip code 1.14

1.15 Country 1.15

1.16 Home telephone number (including STD code) 1.16

1.17 Home fax number (including STD code) 1.17

1.18 Mobile telephone number 1.18

1.19 Email address 1.19

1.20 National Insurance Number 1.20

1.21 If you are applying for readmission to the Register what is your registration number? 1.21

FOR OFFICE USE ONLY



7 2 8 9 3 0 3 5 3 0 7 6

SECTION 2 Character

2.1 Do you have any membership of a Professional Body/Organisation that is relevant evidence to your application?

Yes No

2.1

SEE NOTE 3

2.2

NAME OF PROFESSIONAL BODY OF WHICH YOU ARE A MEMBER	ADDRESS OF PROFESSIONAL BODY	COUNTRY	POSTCODE/ZIP CODE	REGISTRATION NUMBER	LENGTH OF TIME MEMBERSHIP HAS BEEN HELD (IN YEARS)

2.3 Have you included your character reference

Yes No

2.3

3

SECTION 3 Legal and Disciplinary Proceedings

- 3.1 I have included a Criminal Records Bureau check with my application form Yes No 3.1
- 3.2 Have you ever been convicted of a criminal offense in the UK or elsewhere Yes No 3.2
- 3.3 Have you ever been disciplined by a professional Organisation/Body in the UK or elsewhere Yes No 3.3
- 3.4 Have you ever had civil proceedings brought against you in the UK or elsewhere Yes No 3.4
- 3.5 Please provide details if you have answered 'yes' to any of the above questions 3.5

SECTION 4 Health Declaration

- 4.1 Are you suffering from any condition that may impair your ability to practice? Yes No 4.1
- 4.2 Please provide details if you have answered 'yes' to the above question 4.2

Type of illness

DDMMYY

Details of condition

- 4.3 Have you included your health reference? Yes No 4.3

SECTION 5 Education and Training

5.1 Name and address of Institution where original professional qualification was obtained.

5.1

																									Postcode/Zip code				

REF NOTE 0

5.2 Date of successful completion of original professional qualification.

D	M	M	Y	Y
---	---	---	---	---

5.2

5.3 If you are aware of Institution name change please state new name

5.3

5.4 Are you registered to practice in this or any other country?

Yes No

5.4

5.5 If you have answered 'yes' to the above question please state details

5.5

Country

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

License issuer

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Registration number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5.6 Please give details of your professional qualifications in reverse chronological order (i.e. most recent first)

5.6

REF NOTE 0

Date of qualification

D	M	M	Y	Y
---	---	---	---	---

Qualification obtained

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name and address of Institution where professional qualification was obtained

																									Postcode/Zip code				

D	M	M	Y	Y
---	---	---	---	---

Subjects studied

Details of clinical practice

Method of assessment

SECTION 6 Declaration of Information

I **DECLARE** that I have read, understood and will keep to the HPC's standards of Conduct, Performance and Ethics.

REF NOTE
APPENDIX X

Signature _____ Date _____

I **CONFIRM** that I have read and understood the HPC Data Protection statement and I authorise the HPC to process my information accordingly.

REF NOTE
APPENDIX X

Signature _____ Date _____

I **DECLARE** that the Information given in this form, and in any supporting documents, is true and accurate.

REF NOTE X

I **CONFIRM** that I have never been registered under the professions Supplementary to *Medicine Act 1960*.

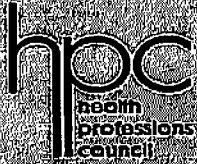
I **UNDERSTAND** that fraudulently procuring an entry in the HPC register is a criminal offence under Article 39 of the *Health Professions Order 2001*.

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.

PLEASE INITIAL BOX

PLEASE CROSS THIS BOX

For HPC Office Use ONLY

I have signed and dated the declaration

I have included the £30 for new registrants at the time of graduation or £60 registration 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 DVLA Driving Licence

I have included a legible photocopy of my Birth Certificate

I have included a certified legible photocopy as evidence of my name change e.g. Marriage Certificate

I have included photocopy proof of my Education and Training Certificates*

I have included the CRB form and a cheque of £12 or SCRO form and a cheque of £13.60

* Refer to guidance notes.

SPLIT



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 ~~DVA~~ 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*



I have included the CRB form and a cheque of £12
or SCRO form and a cheque of £13.60



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

REF: N07E/0

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

Please select one of the following:

- Credit
- Debit card
- Cheque
- Postal order

CREDIT/DEBIT CARD PAYMENTS

Card type

Card number

Valid from

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

Initials/Name

Surname/Family name

Address

Postcode/Zip code

Country

CHEQUE PAYMENTS

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

POSTAL ORDERS

I, _____ (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

9	5	2	2	8	8
---	---	---	---	---	---

Bank/Building Society Account Number

--	--	--	--	--	--	--	--

Registration Number

Branch Sort Code

		-			-		
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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.

I understand that this instruction may remain with HPC and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To the Manager:	
Address:	
	Postcode:

Signature:

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.

SECTION 10 Payment Instructions

REF NOTE 02

You may pay for your scrutiny fee by one of the following mechanisms

Please select one of the following:

- Credit Debit card Cheque Postal order

CREDIT/DEBIT CARD PAYMENTS

Card type

Card number

Valid from

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

Initials/Name

Surname/Family name

Address

Postcode/Zip code

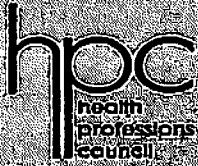
Country

CHEQUE PAYMENTS

I, _____ (insert name) enclose a £ Sterling cheque to the value of £200 for my scrutiny fee

POSTAL ORDERS

I, _____ (insert name) enclose a postal order to the value of £200 for my scrutiny fee



Registration/Readmission Form

Additional Information for Grandparenting Applicants

SECTION 1A Personal Details

Is this your main occupation? Yes No

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

REF NOTE XX

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 Character

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

Yes I have included a reference No I have not included a reference

REF NOTE XX

Do you have professional indemnity insurance? Yes No

Have you made any claims on your insurance? Yes No

Have you had any increased premiums/quoted insurance on loaded terms/been refused insurance? Yes No

If you have answered 'yes' to any of the above question, please provide details below

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

REF NOTE XX

If you have answered 'yes' to the above question, please provide your registration number

REF NOTE XX

Are you making an application under Article 13 (2) (a)? Yes No

Are you making an application under Article 13 (2) (b)? Yes No

REF NOTE XX

SECTION 9 Career Summary

SEE NOTE 9

Please provide a brief career history of employment **ONLY** under your professional title or experience within the profession for which you seek registration.

Employers name/Business name

Address

Postcode/Zip code

Country

Job title/Position

Start date

End date

Main responsibilities/Duties

SECTION 10 Payment Instructions

SEE NOTE 9

You may pay for your scrutiny fee by one of the following mechanisms

Please select one of the following:

Credit Debit card Cheque Postal order

CREDIT/DEBIT CARD PAYMENTS

Card type

Card number

Valid from

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

Initials/Name

Surname/Family name

Address

Postcode/Zip code

Country

CHEQUE PAYMENTS

I, _____ (insert name) enclose a £ Sterling cheque to the value of £200 for my scrutiny fee

POSTAL ORDERS

I, _____ (insert name) enclose a postal order to the value of £200 for my scrutiny fee



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

I have known the above named person for years and am satisfied he/she is of good health both physically and mentally.

I am not aware of any circumstances which would affect the capacity of the applicant to practise as a

(insert profession)

I have examined the medical records of the above named person made by a registered medical practitioner who knew him/her for the last three years, or by a registered medical practitioner who practised in partnership with that practitioner and am satisfied that there appears to be no medical reason which would affect his/her capacity to practise as a

(insert profession)

Any additional information

Name

Occupation

Practice or Business address

Telephone (including STD code)

Signed

Date

