## Health Professions Council (HPC) Council Meeting – 29 March 2007

## Review of the application forms and registration renewal forms

## **Executive Summary and Recommendations**

#### Introduction

This paper provides an explanation of changes made to the following documents:

- Registration/readmission form
- · Registration renewal form

#### **Decision**

The Council is requested to review and approve changes to the application forms and registration renewal form. The Council is not required to approve the guidance notes however any feedback is most welcome.

## **Background information**

The registration/readmission form was last reviewed prior to the opening of the HPC register in July 2003. Since then, we have listened to feedback provided by applicants, registrants and HPC employees and have revised the forms and guidance to make them clearer and more user friendly.

Currently, there is one main application form which applicants are required to complete irrespective of which route they are applying through. There is also one set of guidance notes. The most common reason for applicants to contact the registration departments in respect of the application forms is due to them not being able to find the relevant information in the guidance notes. We understand that this is due to the vast amount of information currently included in the notes.

Additionally, there are certain sections on the application form which we ask to be completed only by certain types of applicants eg the Education and Training section does not need to be completed by an applicant applying for readmission to the Register. Again, we found that applicants found this confusing. The result of this confusion has been an increase in telephone calls and emails to the registration departments and a high volume of incomplete forms being returned to applicants resulting in a delay in their registration.

There are now four separate sets of application forms and guidance notes which are specific to the different types of applicants wishing to register with HPC:

- UK applicants (for applicants who hold an approved UK qualification)
- Readmission (for applicants who have previously been registered)
- International (for applicants who hold a qualification or have gained experience outside the UK)
- Grandparenting (for applicants who do not hold an approved UK qualification)

All forms and the information therein are common and consistent where necessary. For example, the character and health references in all four forms are identical. The differences between the forms have been kept to the minimum necessary to achieve their differing purposes.

The registration renewal form was last revised in 2005. The form was changed to allow our computer system to electronically read the information provided by registrants as they renew their registration every two years. The result of this change proved to be a much more efficient service for registrants in terms of processing time and accuracy of information stored on our registration database. Since then, each of the 13 professions has renewed their registration using the new form and guidance and generally the feedback we have received has been positive. We have been able to process registration renewal forms within our service level and the new process proved to be extremely successful.

With the introduction of the HPC standards for continuing professional development (CPD) the registration renewal form has been revised to allow registrants to confirm to us that they are undertaking CPD.

We have taken this opportunity to further improve the registration renewal form by;

- Adding extra space for registrants address details;
- Adding a section to allow registrants to tell us about any change to their name;
- Redesigning the 'renewal fee' section so that the fee registrants are asked to pay is clearer; and
- Adding check boxes in the 'Professional declaration' section on the form

The application forms, the registration renewal form and all sets of guidance notes will be sent to the Plain English Campaign in April 2007 with a view to having them crystal marked. All documents will reviewed by HPC's lawyers. The Council is asked to note that some minor changes may be made to the documents following this.

We hope that these changes will enable us to continue to provide an improved service to applicants, registrants and other stakeholders.

#### **Resource implications**

Nil

#### Financial implications

Nil

## **Background papers**

Nil

#### **Appendices**

Application forms and guidance notes Registration renewal form

Date of paper: 15 March 2007

DateVer.Dept/CmteDoc TypeTitleStatusInt. Aud.2007-03-15aUKRPPRReview of HPC formsFinalPublicDD: NoneRD: None

Please read the guidance notes before completing this form.	
Grandparenting application for registration (for an explanation of the term "grandparenting guidance notes or see our website www.hpc-uk.org)	g" please refer to the
Grandparenting Regis	
health professions council	0845 3004 720 or
	020 7840 9804
	enting@hpc-uk.org
±=∫grandpan	onling empo distorg
Before completing your application form you will need to read the guida grandparenting applicants and the Standards of proficiency. Please complete t BLOCK CAPITALS using a black pen.	
Your title Mr Mrs Miss Ms other (please specify)  Your first name Miss Ms other (please specify)  Your surname/family name  Your profession Miss Ms other (please specify)  Your surname/family name  Output  Output	
Please make a photocopy of your application for your own records. Please application by registered or recorded delivery if you want to be certain of delivery	
Please make sure you have included the following documents with your applica	tion Failure to
do so will result in your application being returned to you.	tion. Failure to
Checklist – please check to ensure you have enclosed the following items with your	Please tick
Checklist – please check to ensure you have enclosed the following items with your application	
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope)	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ⑦ A certified copy of your passport, national identity card, DVLA/EEA driving	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required)	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form  ② A 'Paying your scrutiny fee' form with scrutiny fee of £200  ③ A completed, signed and dated HPC character reference form  ④ A completed, signed and dated HPC health reference form (in a sealed envelope)  ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy  ⑥ Grandparenting reference form (if applicable)  ⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required)  ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)  ⑥ Legible certified evidence of any change of name (if applicable)	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ⑥ Legible certified evidence of any change of name (if applicable) ⑥ A completed 'Statement of practice' form	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ⑥ Legible certified evidence of any change of name (if applicable) ⑥ A completed 'Statement of practice' form  Please also check that you have not:	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ⑥ Legible certified evidence of any change of name (if applicable) ⑥ A completed 'Statement of practice' form  Please also check that you have not:	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ⑥ Legible certified evidence of any change of name (if applicable) ⑥ A completed 'Statement of practice' form  Please also check that you have not:  ① stapled any part of your application (applications are scanned and staples damage the scanner)	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ⑨ Legible certified evidence of any change of name (if applicable) ⑥ A completed 'Statement of practice' form  Please also check that you have not: ① stapled any part of your application (applications are scanned and staples damage the scanner)	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ⑨ Legible certified evidence of any change of name (if applicable) ⑥ A completed 'Statement of practice' form  Please also check that you have not: ① stapled any part of your application (applications are scanned and staples damage the scanner) ② placed your application in a folder, binder or plastic/paper wallet ② included any original documents (only certified copies)	Please tick
Checklist – please check to ensure you have enclosed the following items with your application  ① A completed application form ② A 'Paying your scrutiny fee' form with scrutiny fee of £200 ③ A completed, signed and dated HPC character reference form ④ A completed, signed and dated HPC health reference form (in a sealed envelope) ⑤ A legible certified copy of your qualification certificate(s) certified as a true copy ⑥ Grandparenting reference form (if applicable) ② A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograp is required) ⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ⑥ Legible certified evidence of any change of name (if applicable) ⑥ A completed 'Statement of practice' form  Please also check that you have not: ① stapled any part of your application (applications are scanned and staples damage the scanner)	Please tick

Please atta	ch the scrutiny fee payme	nt below		
I enclose a che	eque/money order for the amount	of £200.00		Attach a recent
My account nu	umber is			photograph of yourself here.
My sort code is	s DDDDD			Please do not staple.
I wish to p details.	pay by credit/debit card and enclo	se a 'paying your scruit	iny fee' form with my account	
For HPC us	se only			
Date stamp		Date of registration		
Amount receiv	ed £□□□.□□	Registration number		
Application nu	mber	Registered by:		
Section 1	Registration details			
Have you pr	reviously applied for registra	tion with the HPC?	Yes No D	<b>_</b>
If yes, pleas	e give your application num	ber		
I am applyin	ng for registration as a/an	(see guidance note	s for details of protected title	∍s)
	Arts therapist		Operating department pra	actitioner
	Biomedical scientist		Paramedic	
	Chiropodist/podiatrist		Physiotherapist	
	Clinical scientist		Prosthetist/orthotist	
	Dietitian		Radiographer	
	Occupational therapist Orthoptist		Speech and language the	erapist
If you have	·	orose the boy(se)	rolovant to vou	
ii you nave	chosen arts therapist please Art therapist		Art psychotherapist	
	Dramatherapist		Music therapist	
If you have	chosen prosthetist/orthotist	olease cross the bo	x(es) relevant to you	
	Prosthetist		Orthotist	
If you have	chosen radiographer please	cross the box(es) r	elevant to you	
	Therapeutic radiographer		Diagnostic radiographer	

	for registration as a coplicable to your practi		t pleas	se give details of the modality or
	ology			Cellular science
_	cal biochemistry			Embryology
☐ Clini	cal genetics			Haematology
_	cal immunology			Histocompatibility and immunogenetics
_	cal microbiology			Medical physics and clinical engineering
Clini	cal physiology			Other (please state)
Section 2 Conta	act details			
Provious name (if	annliaghla)			
Previous name (if				
Date of birth (DDN	IIVIYYYY)			
Nationality				
	e number (if applicable			
Country of birth				
Town/city of birth				
Gender		☐ Male ☐	rema	le
Home contact de	tails			
House/flat number				
Street name				
Town/city				
County/state				
Postcode/zipcode				
Country $\Box$				
Telephone numbe	r 000000			
Mobile number				
Email address				
Work contact det	ails			
Department				
Organisation				
Street name				
Town/city				
County/state				
Postcode/zipcode				
Country				
Telephone numbe	r 🗆 🗆 🗆 🗆 🗆 🖸			
Mobile number				

Email address		
Section 3 Char	acter and health se	elf-declarations
•		offence, received a police caution or been convicted of a a conditional discharge?
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Have you been di	sciplined by a profess	ional or regulatory body or your employer?
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Have you had civi	I proceedings (other the	nan a divorce/dissolution of marriage) brought against
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Are you suffering	from any condition tha	at would affect your ability to practise?
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Section 4 Eligib	oility for grandparen	nting
Article 13(2 Article 13(2	2)(a)	lth Professions Order you are making an application under: (Route A) (Route B)
		e criteria for grandparenting, or are unsure whether you should se refer to the guidance notes for grandparenting applicants.
(DDMMYYYY) Is this your main of	يُحدّ حددة ف	
If applicable, how seeking registration		(on average) have you practised in the profession you are
Section 5 Educ	ation and training	
	ave education and/or	nts applying through route A. If you are applying through training experience please tell us as it will help with the
•	etails of your professio which you are seeking	nal education and training (ie your qualification for the registration).
Title of your releva	ant qualification $\Box\Box$	

Course start date (DDMMYYYY)	
Course end date (DDMMYYYY)	
Name of educational institution	
Street name	
Town/city	
State/area/county	
Postcode/zipcode	
If you have gained a further proprovide details	ofessional qualification relevant to your registration please
Title of qualification	
Educational institution	
Date certificate was awarded (DD	DMMYYYY)
Please continue on a separate sh	neet if necessary.

# Section 6 Career history

	mmary of your career history relevant to the profession within which you are tion. Please list most recent first.
Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode Country	
Contact name (eg s Job title of contact Work telephone nur Employment start da Employment end da employment)	mber
In the space below,	please tell us about your main duties and responsibilities.

Career history (c	ontinued)
Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode Country	
-	
In the space below,	please tell us about your main duties and responsibilities.

Career history (c	continued)
Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode Country	
Contact name (eg s Job title of contact Work telephone nu	
	late (DDMMYYYY)
In the space below,	, please tell us about your main duties and responsibilities.
•••••	

## Section 7 Grandparenting reference form

HPC may use this form to verify the professional standing of an applicant in regard to the practise of the profession for which they are seeking registration. A grandparenting reference is to be provided on this form by a person of standing in the community.

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

This section is to	be completed by the applicant.
Your title	OMr OMrs OMiss OMs Oother (please specify)
Your first name	
Your surname/famil	
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Date of birth (DDMI	MYYYY) 🗆 🗆 🗆 🗆 🗆
Please use the spa	ce below to tell us any additional information. Please use extra sheets if
necessary.	

m should be completed in full by the referee.
□Mr □Mrs □Miss □Ms □other (please specify) □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
y name
t name of applicant)
apacity/personally since (DDMMYYYY)
ledge and belief, the applicant has been practising as a (insert profession)
□□□□□□□□□□□□□□□ since (DDMMYYYY)
J□.
or a nominated agent of the HPC to undertake any checks that may be
nticate this reference. I understand that it is a criminal offence under the Health
001 to make a false declaration.
□□□□□□□□ Signed

## Section 8 Statement of practice

The HPC must establish that you meet (a) the eligibility criteria for the grandparenting route you have indicated in Section 4 of this form (grandparenting declaration) and (b) that you meet the registration criteria for that application route. Please see the guidance notes for grandparenting applicants for details of these criteria.

You may use this section to provide any additional information relevant to your practice that demonstrates that you meet these criteria.

You are not limited to the type and amount of additional information you provide here, but it is suggested that you may provide up to three case studies indicating the scope of your practice. If you have skills, experience or knowledge that you have not had been able to demonstrate elsewhere in this application you have the opportunity to tell us here.

Please continue on a separate sheet if necessary.

## Section 9 Declaration of information

- I declare that I have read, understood and will keep to the HPC's standards of conduct, performance and ethics.
- I understand the HPC will only use the information provided in performing its functions under the Health Professions Order 2001 and I authorise the HPC to process my information accordingly.
- I declare that the information given in this form and in any supporting documents is true and accurate.
- I understand that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.
- I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).

Date (DDMMYYYY)
-----------------

## Section 10 Paying your scrutiny fee

**Payment for this application only** – include only the scrutiny fee for **this** application (payment for multiple applications unfortunately cannot be accepted and may result in the applications being returned to you).

I wish to pay by (please cr	oss appropriate box)
Cheque	(payable to <b>Health Professions Council</b> )
British postal order	
Money order	
Bankers draft	
Debit card	VISA Electron
Credit card VISA	(unfortunately we are unable to accept <b>American Express</b> cards)
If you have chosen to pay	by debit or credit card please complete the section below
Cardholder's name □□I	
Card number	
Valid from (MMYY)□□□	□□ Expires on (MMYY)□□□□
Security code (the last 3 d	igits of the number on the signature strip - see diagram below) $\Box\Box\Box$
	Visa  Last 3 digits of the Security Code.  Mastercard
Issue number (if applicable	e)
Amount	£ 200.00
Cardholder's signature Date (DDMMYYYY)	

# Section 11 Character reference – this form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of professional standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for grandparenting applicants.

Please return this form to the applicant once complete.

Applicant de	etails
Name	
Address	
Profession	
I confirm tha	t I have:
	ne applicant for $\square$ years and know of no reason why they should not practise the above
profession w	rith honesty and integrity.
Referee deta	ails
Name□□I	
Occupation	
-	member of a professional or regulatory body, please provide its name and your
	/registration number
Practice or b	business address UUUUUUUUUUUUUUUUUUUU
Telephone	
Please state	capacity in which you know the applicant
Date (DDMM	ΛΥΥΥΥ) □□□□□□□□ Signature

The HPC may make further enquiries of the applicant or referee in order to verify or clarify any part of this reference. Please make sure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

## Referee's guidance on completing the character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of professional standing in the community who is not a relative of the applicant and has known the applicant for three years or more. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- A regulated health professional (eg dentist/doctor/nurse)

- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

Once completed please return the character reference to the applicant to submit with their application.

## Section 13 Health reference – this form is to be completed by your health referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that their health does not impair their fitness to practise. A health reference must be provided on this form by a registered medical practitioner who is not a relative of the applicant.

Please return this form to the applicant once complete.

Applicant de	tails						
Name							
Address							
Referee deta	ils						
Name							
Practice addre	ess						
Telephone nu	ımber						
Regulatory bo	ody (if applicable						
Registration r	number (if applicable	e) 🗆 🗆 🗆 🗆					
I confirm that	I have:						
	applicant's registere s health does not af	•			•		
☐ examined	the applicant's med ealth does not affect			•			1
	I the applicant and a profession to which t			cant's health	does not aff	ect their ab	ility to
Date (DDMM)	YYYY)□□□□[		Signature				
Practice stam	ıp						

The HPC may make further enquires of the applicant or referee in order to verify or clarify any part of this reference. Please ensure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

## Referee's guidance on completing the health reference

#### Information for doctors

This section contains guidance about the information we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to be registered with the HPC. In the UK, the health reference must be completed by a doctor who is registered with the General Medical Council (GMC). However, if the reference is being provided from outside the UK it can be completed by a doctor who is registered with an equivalent regulator in another country.

The doctor must also have been the applicant's doctor for at least three years or must have access to their medical records for the past three years. If this is not possible the doctor can carry out a medical examination in order to complete the health reference.

The doctor must not be a relative of the applicant.

## Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

Your professional opinion should be informed by the fact that any UK employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act 2005.

#### **Fees**

If you or your practice charges a fee for the provision of a reference this is a matter between yourself and your patient. The HPC has an obligation under the Health Professions Order 2001 to obtain the reference from the applicant. This obligation does not extend to paying for the reference and any cost must be met by the applicant.

### **Further questions**

If you have any further questions there is a document providing guidance to applicants and doctors about filling in the health reference. It can be found on our website at: www.hpc-uk.org/publications

If you require further information please contact us on 0845 3004 720 (if calling from the UK) or +44 (0)20 7840 9804.

## Guidance for grandparenting applicants



184 Kennington Park Road, London, SE11 4BU Lo-call number (if calling from UK) 0845 3004 720 or 020 7840 9804

www.hpc-uk.org

₹=7grandparenting@hpc-uk.org

These guidance notes are intended to help you complete the application form. They will also help you understand the application process. However, if after reading the guidance notes there is something you do not understand please contact us.

#### Introduction

- About the Health Professions Council (HPC)
- How we are run
- About registration
- Applying for registration
- Meeting our standards
- Protected titles

## About this guidance

- Applying through the grandparenting registration process
- · General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Photographic identification
- Birth certificate
- Certified documents
- Translation of documents

## **Outcomes of an application**

- Incomplete applications
- Successful applications
- · Rejected applications
- Fraudulent applications
- The appeals process

## Section 1

## Registration details

Previous applications

# Section 2 Contact details

## Name change

- Home address
- Work address
- Agencies

# Section 3 Self-declarations

- Character
- Health

Section 4 Eligibility for grandparenting

Section 5
Education and training

Section 6
Career history

Section 7
Grandparenting reference form

Section 8
Statement of practice

Section 9
Declaration of information

Section 10 Paying your fees

- Scrutiny fee
- Registration cycle
- Methods of payment

Section 11 Character reference

Section 12 Health reference

## Appendix: other helpful information

- Our standards
- Continuing professional development
- HPC data protection policy
- How to keep your name on the Register

**HPC** data protection policy

**Useful terms** 

#### Introduction

#### **About the HPC**

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists/podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/orthotists
- Radiographers
- Speech and language therapists

#### How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

### **About registration**

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Registration shows you meet our standards for your profession. Registration shows the public that health professionals are 'fit to practise' and they are entitled to use the protected title(s) for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is "fit to practise", we mean they have the skills, knowledge, character and health to do their job safely and effectively.

## **Applying for registration**

The information provided by applicants helps us to know that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

## Meeting our standards

Everyone on our Register must meet the standards of proficiency we have set. The standards of proficiency are the professional standards which health professionals must meet in order to be registered. If you need a copy in an alternative format, please contact us. Our contact details can be found at the front of this form.

The standards of proficiency are made up of generic standards, which all registered health professionals must be able to meet, and profession-specific standards, which only apply to one profession.

#### **Protected titles**

Each of the professions we regulate has at least one protected title. Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Part of Register	Sub-section	Grandparenting available?	Title
Arts therapist	Art therapist	Closed on 8/07/05	Art psychotherapist
	Dramatherapist		Art therapist
	Music therapist		Dramatherapist
			Music therapist
Biomedical scientist		Closed on 8/07/05	Biomedical scientist
Chiropodist/podiatrist		Closed on 8/07/05	Chiropodist
			Podiatrist
Clinical scientist		Closed on 8/07/05	Clinical scientist
Dietitian		Closed on 8/07/05	Dietitian
			Dietician
Occupational therapist		Closed on 8/07/05	Occupational therapist
Operating department		Closed on	Operating department
practitioner		18/10/06	practitioner
Orthoptist		Closed on 8/07/05	Orthoptist
Paramedic		Closed on 8/07/05	Paramedic
Physiotherapist		Closed on 8/07/05	Physical therapist
			Physiotherapist
Prosthetist/Orthotist	Prosthetist	Closed on 8/07/05	Prosthetist
	Orthotist		Orthotist
Radiographer	Diagnostic radiographer	Closed on 8/07/05	Radiographer
	Therapeutic radiographer		Diagnostic radiographer
			Therapeutic radiographer
Speech and language		Closed on 8/07/05	Speech and language
therapist			therapist
			Speech therapist

## About this guidance

#### **Applying through the Grandparenting process**

The grandparenting application form is for applicants who were practising a profession before it was regulated and may not hold an approved qualification. There are qualifying criteria for the grandparenting provisions. These provisions fulfil the requirements of article 13(2)(a) and article 13(2)(b) of the Health Professions Order 2001. To establish if you meet the criteria please read section four carefully.

## General information on completing the forms

To make sure we can process your form, please complete it in black ink and block capitals. Please mark boxes with a cross. If you run out of space please continue on a separate piece of paper. You must answer all the questions as fully as possible.

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

## Sending us your application

Please send your application when you are ready to start practising your profession and/or using the protected title(s). Your application should be sent to the Grandparenting Registration Department at the contact address on the front of this form. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned.

## Important points

- Please ensure the address you provide is accurate and that you can be sure to receive correspondence from us.
- We cannot guarantee the outcome of an application and at peak times the application process can take time so you are advised not to make arrangements that are reliant on you being registered (eg starting a job).
- Applicants that choose to make travel or work arrangements before knowing the outcome of their application do so at their own risk.
- It is preferable to apply directly to HPC. However, if you apply with the assistance of an agency make sure they are reputable and be aware that you remain responsible for the information you supply on your application form.

## What happens next?

The average processing time for applications may vary depending on the volume of applications received. However, HPC will endeavour to:

- acknowledge receipt of an application within one month of the date of receipt; and
- assess your application and advise you of the initial decision within a further three months from the date of acknowledgment.

Once we have processed your application, if you are successful you will be asked to pay the registration fee. Upon payment of the registration fee our online Register is immediately updated. It is the best way for you to check you are registered and for your employer to verify your registration status. The Register can be viewed at: www.hpcheck.org To view our privacy statement, please refer to the website: www.hpc-uk.org/privacy

#### Contact us

If you cannot find the answer to your query in these guidance notes please contact us. Please see page one for our contact details.

## Photographic identification

We ask applicants to provide us with legible certified photocopies of any one of the following documents;

- your passport
- your national identity card; or
- your DVLA/European driving license or EU photo identity card

We ask you to provide an up-to-date passport photograph. Please write your name and date of birth on the back of it. This will help us match your photograph to your application should it separate. Please do not staple any part of the form.

#### Birth certificate

We ask you to provide us with a legible certified photocopy of your birth or adoption certificate. If you do not have one, we will accept other appropriate evidence. If you were born in the UK and have lost your birth certificate you can contact www.statistics.gov.uk for a replacement. Indian nationals applying for registration may provide their secondary school leaving certificate as an alternative.

#### **Certified documents**

The documents submitted should be certified by a solicitor, commissioner of oaths or justice of the peace. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institution that granted the qualification.

## **Translation of documents**

If the documents you submit with your application are not in English, you must provide us with a translation. We recommend you approach your embassy, consulate or high commission for advice on finding an official translator. If this is not possible, we will accept the documents you have translated, providing you have them authenticated by a lawyer, solicitor, commissioner for oaths or justice of the peace.

#### Please note:

- All application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your correspondence details are kept up to date.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible.
   Please do not make any arrangements or incur any expenses which depend upon the approval of your application with us. We will not accept liability for any loss or expenses incurred as a result of the above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

## Outcomes of an application

#### **Incomplete applications**

If your application is incomplete we will return it to you and ask you to resubmit it. Please do not send individual documents separate from your application as these will be returned to you. We will use the information you provide for a number of purposes. This can include contacting organisations and individuals named in your application, including professional bodies, universities, places of work and referees.

## Successful applications

If your application is successful, we will

- put your name on the online Register;
- send you a letter on the day we register you; and
- send you a registration certificate and authentication card.

With your name on our Register you will be able to practise using the relevant title(s) of your profession.

The publicly available Register shows:

- Name
- Registration number
- Profession of registrant
- Duration of current registration
- Approximate geographical area in which the registrant practises (eg Guildford). It does not show your full address.

## Rejected applications

Your application may be rejected if we believe you do not meet our standards of proficiency or our health and character requirements. Please note your application can only be assessed based on the information you provide with your form. If your application is rejected you can appeal against the decision. You may also reapply, submitting a new form, supporting documents and registration fee.

## Fraudulent applications

If you falsify information about your identity or any other aspect of your application, we will suspend your application pending an investigation. Please remember it is illegal to fraudulently obtain registration with the HPC. If you do this you will be liable to prosecution.

## The appeals process

If your application is rejected you have 28 days following the letter rejecting your application to appeal against the decision. If you tell us you wish to appeal the decision, we will then provide you with further information on the appeals process.

## Section 1 Registration details

#### **Previous applications**

If you applied for registration with us or our predecessor the Council for Professions Supplementary to Medicine (CPSM), please tell us:

- your application number;
- when you applied (an approximate date if you cannot remember exactly);
- the type of application eg UK, International, grandparenting; and
- any further information eg if you withdrew your application

## Section 2 Contact details

It is essential that your personal contact details are kept up to date. This is a requirement of the Health Professions Order 2001. For security reasons we are unable to accept changes of personal details by email.

#### Name change

All name changes must be made in writing. Please also send us a certified photocopy of the relevant document (eg marriage certificate).

#### Home address

We ask you to give us your main home address. This address is not published on the publicly available register, but is required by us for all HPC correspondence. You can change your address over the telephone or by writing to us.

#### Work address

The work address you give us should be for your main place of work. Members of the public will be able to see on our Register the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

If you change either your home or work address during the application process or at any point thereafter, you must notify us.

## **Agencies**

All correspondence from the HPC will be sent to the applicant only. This means you must provide a home address and not the address of an agency. Please be aware if you provide an agency address your application will be returned to you.

#### Section 3 Self-declarations

#### Character

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important that you declare to us any convictions, police cautions or convictions for which you have received a conditional discharge. Failure to do so may result in an investigation which could lead to you being removed from the Register.

#### Health

You are also asked to provide us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If you declare a health and/or character issue this could be considered by a panel to determine whether you are eligible for registration.

## Section 4 Eligibility for grandparenting

## Article 13(2)(a)

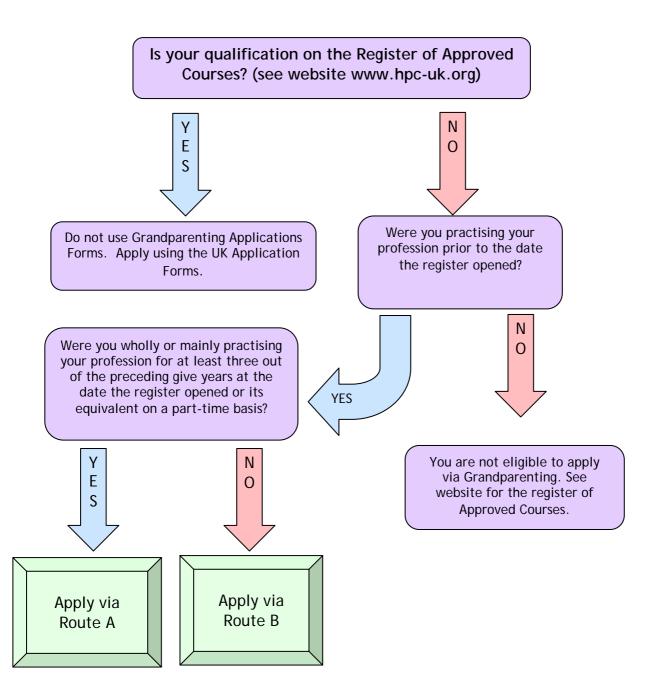
To be eligible to apply under article 13(2)(a) (grandparenting route A, you must have practised your profession wholly or mainly for at least three of the preceding five years at the date the register opened. Your application must demonstrate safe, lawful and effective practice within your existing scope of practice. If your application is successful you must limit your practice to the scope within which you are already trained to practice safely, lawfully and effectively. You may undertake further training to broaden your scope of practice.

## Article 13(2)(b)

If you do not meet the eligibility for grandparenting route A then you may still be eligible under article 13(2)(b) of the Health Professions Order (grandparenting route B). If you have practised **before** the date the register opened for your profession then you may apply under grandparenting route B. Your application must demonstrate that you meet the standards of proficiency for your profession.

#### Which route?

Please see the flowchart below to help you identify if you are eligible for grandparenting and which route applies to your application.



## Section 5 Education and training

You should enter details of your professional qualification here. Your professional qualification may be a diploma, certificate, degree or another qualification relevant to the profession in which you wish to register. You can also include any supplementary training or qualification you may have done in relation to your chosen profession (eg training courses, seminars). However, we do not usually need details of your general education (eg high school or secondary school) unless it is directly relevant to your practice as a health professional.

If you have gained further qualifications in your chosen professional field you can enter the details in the space provided and continue on a separate sheet if necessary.

This section is not obligatory for applicants applying through route A. If you are applying through route A and you have education and/or training experience please tell us as it will help with the assessment of your application.

## Section 6 Career history

Please enter details of your career history in reverse order stating your most recent position first. Provide as much detail as you can to illustrate to the assessors that you meet the standards of proficiency for your profession. Explain any significant gaps in your career history.

## Section 7 Grandparenting reference form

We ask you to provide us with a grandparenting reference form to support the information you have given us in relation to your time in practice. This should be completed by someone who has known you in the role for which you are seeking registration. If you are unable to provide us with a grandparenting reference we will still assess your application, however it may have a bearing on the success of your application overall.

The grandparenting reference should be given by a person of standing in the community who is in a position to make a statement about the number of years that you have been practising. You can find a list of acceptable referees in section ten in these guidance notes. We cannot consider a reference provided by a person who is related to you either by birth, marriage or a relationship similar to marriage.

We will consider all forms of references, whether a simple statement about your time in practice or a more detailed statement about the nature of your practice. You must use the grandparenting reference form and additional sheets as necessary.

We ask you to complete the first section of the grandparenting reference form before you send the form to your referee.

## **Important points:**

- The grandparenting reference must be completed on a HPC reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your grandparenting reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practise or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They

must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.

- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

## After you've obtained your grandparenting reference

When your referee has completed your grandparenting reference, it should be returned to you. Keep this with your character and health references and send to us with the rest of your application.

## Section 8 Statement of practice

You must provide us with a statement setting out your practical experience in your profession. This helps us to determine whether you have practised lawfully, safely and effectively. We will look at the statement you provide in relation to the standards of proficiency for your profession to decide whether you have practised your profession effectively. You should keep this in mind when you complete this section of the form.

Please also consider providing up to three case studies, or other information based upon your own experience. This is not a requirement for registration but it may help your application. If you provide case studies, please refer to the standards of proficiency.

## Section 9 Declaration of information

HPC can only process your application if you have signed this declaration. You should make sure that you fully understand the declaration before signing it. It is illegal to fraudulently procure an entry onto the HPC Register. If you do this, you will be subject to prosecution.

## Section 10 Paying your scrutiny fee

#### Scrutiny fee

The fee we ask you to send with your application is called a scrutiny fee. This is a one off non-refundable payment of £200. We cannot process your application without this payment.

### **Registration cycle**

Your registration cycle is biennial (two-yearly) and is made up of 2 'professional years'. We will advise you of the registration fee when your application has been processed and approved. The table below shows the professional years for each profession we regulate.

Arts therapists 1 June – 31 May

Biomedical scientists 1 December – 30 November

Chiropodists/podiatrists 1 August – 31 July

Clinical scientists 1 October – 30 September

Dietitians 1 July – 30 June

Occupational therapists 1 November – 31 October

Operating department practitioners
Orthoptists

1 December – 30 November
1 September – 31 August
1 September – 31 August

Physiotherapists 1 May – 30 April

Prosthetists/orthotists 1 October – 30 September Radiographers 1 March – 28 February Speech and language therapists 1 October – 30 September

## Methods of payment

You can choose to pay your scrutiny fee by cheque, money order, bankers draft or by credit/debit card. Payments must be made in UK sterling and drawn on a bank based in the UK. Your payment should be crossed and made payable to Health Professions Council. Please write your full name on the reverse side of your payment and ensure that it is not post-dated. You should allow at least five working days for your payment to reach us (ten if sending from outside the UK).

## Section 11 Character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- Civil servant (permanent)
- A regulated health professional (eg dentist/doctor/nurse)
- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

The person who gives the character reference must have known the applicant for at least three years and must not be a relative of the applicant. Some applicants therefore ask their doctor to complete their character reference as well as their health reference. Whether the doctor feels sufficiently informed and/or whether they are willing to complete the character reference is the decision of the doctor.

#### Important points

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

## After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health and grandparenting references and send it in to us with the rest of your application.

## Section 12 Health reference

## All applicants must provide a health reference

Only a doctor registered with the appropriate regulatory body can complete a health reference. The referee must sign and date the form on the understanding that it is illegal for them to provide a false reference. The referee must either have been your registered medical practitioner for at least three years or have examined your medical records for this period and cannot be related to you. A referee who cannot provide a reference on either basis may do so after physically examining you.

## Important points:

- The health reference must be completed on a HPC health reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your health reference form. Any costs incurred will have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and provide their practice address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We do not need a consent letter from you for a registered medical practitioner to provide the reference. When you ask your referee to complete the health reference form you are giving your consent for them to do so.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted.

## After you've obtained your health reference

When your doctor has completed your health reference, it should be returned to you. Keep this with your character and grandparenting references and send it in to us with the rest of your application.

If your doctor has provided us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

## If your doctor will not sign your reference

Your doctor may not be able to sign your reference. If so, you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

If your medical records are not available then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

We have published a detailed document called 'Information about the health reference'. This has been written for people who have more questions about the health reference, and it contains information for applicants and for doctors. You may find this document useful if you have a health condition, if you are disabled or if your doctor has asked you questions about the health reference. The document is available on our website at: www.hpc-uk.org/publications

Status

Draft DD: None

## Appendix: other helpful information

#### **Our standards**

Please read the following two documents before submitting your application:

- Standards of conduct, performance and ethics
- Standards of proficiency

Copies of these documents can be found on our website at www.hpc-uk.org or by contacting us directly. Please see page one for our contact details.

## **Continuing professional development**

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

## How to keep your name on the Register

Once you have been registered, you will need to renew your registration every two years. To make sure your name stays on the Register, we must receive:

- your registration fee;
- your signed professional declaration; and
- if you are randomly selected, your CPD audit information.

We will send you a registration renewal form around three months before your registration expires.

Title

UK Form

Doc Type

DCB

Int. Aud.

RD: None

Ver.

Dept/Cmte

# Data protection policy

Data protection statement to be inserted here.

17

# Useful terms

**Agencies** – may be any third party but would usually be a commercial business that makes money (by commission) on placing applicants in employment for a fee charged to the employer. If you choose to use an agency you should make sure they are reputable. Responsibility for your application remains with you and you must provide an address where you can be sure to receive correspondence from us.

**Appeals** – if your application is unsuccessful you have a right to appeal the assessors' decision. If you believe the decision is wrong and you believe you meet the standards of proficiency and the Standards of conduct performance and ethics you must establish your grounds for appeal (ie why you believe the decision to be wrong) and follow the appeals procedure. Information on this will be sent to you in the case of an unsuccessful application.

**Applicant** – the person making the application for entry to the Register.

**Continuing professional development** – any activity which serves to maintain or improve upon professional knowledge and practice. Once registered you are required to record what CPD you undertake (see HPC publication 'Continuing professional development and your registration').

**Data protection policy** – this is the HPC's statement of how we apply and comply with the rules contained within the Data Protection Act 1998.

**Declaration** – this is the declaration you sign as part of the application form. You are signing to confirm each of the four elements of the declaration. This declaration is legally binding and you should only sign it if you are sure the information you are providing is correct.

**Home address** – the address of your main or only residence. This should be an address where you can be sure to receive correspondence from HPC as we may need to contact you regarding your application.

**HPC** – Health Professions Council

**Health Professions Order 2001** – the legislation that governs the registration process and confers the responsibilities and authority to the HPC to apply and administer the registration process.

**Relative** – the term is broadly defined by the HPC (Registration and Fees) Rules 2003 as follows:

- (a) spouse;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse; or
- (c) the spouse of any relative mentioned in paragraph (b) and or for the purposes of deducing any such relationship 'spouse' includes a former spouse, a partner to whom the person is not married, and a partner of the same sex.

**Work address** – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eg chiropodist) then this may be the address where your practice is based. Only the area will be available to view on the public Register so your privacy and security remains protected.

184 Kennington Park Road, Lo	
The council regions Lo-call number (if calling from UK)	4(0)20 7840 9804
	www.hpc-uk.org
	ional@hpc-uk.org
Before completing your application form you will need to read the guidar International applicants and the Standards of proficiency. Please complete BLOCK CAPITALS using a black pen.	
Your title  Mr  Mrs  Miss  Ms  other (please specify)	
Please make a photocopy of your application for your own records. Pleas application by a secure postal method if you want to be certain of delivery.	se send your
Please make sure you have included the following documents with your applicat do so will result in your application being returned to you.	ion. Failure to
<b>Checklist</b> – please check to ensure you have enclosed the following items with your application	Please cross
① A completed application form	
② A 'Paying your scrutiny fee' form with scrutiny fee of £200	
③ A photocopy of an eligible language test certificate or declaration that English is your first language or proof of exemption by virtue of being an EEA citizen (eg copy of passport).	
A completed, signed and dated HPC character reference form	
S A completed, signed and dated HPC health reference form	
A legible certified copy of your qualification certificate(s)	
<ul> <li>⑥ A legible certified copy of your qualification certificate(s)</li> <li>⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and</li> </ul>	
<ul> <li></li></ul>	
<ul> <li>⑥ A legible certified copy of your qualification certificate(s)</li> <li>⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograph is required)</li> <li>⑧ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)</li> <li>⑨ A certificate of professional status (the original, not a photocopy) from the regulator in the country where you last practised (if applicable)</li> <li>⑩ Clinical references (if applicable)</li> </ul>	
<ul> <li>⑤ A legible certified copy of your qualification certificate(s)</li> <li>⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograph is required)</li> <li>⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)</li> <li>⑨ A certificate of professional status (the original, not a photocopy) from the regulator in the country where you last practised (if applicable)</li> <li>⑩ Clinical references (if applicable)</li> <li>⑩ Certified evidence of any change of name (if applicable)</li> </ul>	
<ul> <li>⑥ A legible certified copy of your qualification certificate(s)</li> <li>⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograph is required)</li> <li>⑧ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)</li> <li>⑨ A certificate of professional status (the original, not a photocopy) from the regulator in the country where you last practised (if applicable)</li> <li>⑩ Clinical references (if applicable)</li> </ul>	
<ul> <li></li></ul>	
<ul> <li></li></ul>	
<ul> <li>⑥ A legible certified copy of your qualification certificate(s)</li> <li>⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograph is required)</li> <li>⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)</li> <li>⑨ A certificate of professional status (the original, not a photocopy) from the regulator in the country where you last practised (if applicable)</li> <li>⑩ Clinical references (if applicable)</li> <li>⑩ Certified evidence of any change of name (if applicable)</li> <li>⑩ A legible certified course information form</li> <li>Please also check that you have not:</li> <li>● stapled any part of your application (applications are scanned and staples damage the scanner)</li> </ul>	
<ul> <li>         \( \text{A legible certified copy of your qualification certificate(s)} \)         \( \text{A certified copy of your passport, national identity card, DVLA/EEA driving license \( \text{or EU photo identity card (just the page with the identity details and photograph is required)}         \( \text{A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)}         \( \text{A certificate of professional status (the original, not a photocopy) from the regulator in the country where you last practised (if applicable)}         \( \text{C linical references (if applicable)} \)         \( \text{C linical references of any change of name (if applicable)} \)         \( \text{A legible certified course information form} \)          \( \text{Please also check that you have not:} \)          \( \text{Please also check that you paplication (applications are scanned and staples damage the scanner)} \)      \( \text{Please dyour application in a folder, binder or plastic/paper wallet} \)      \( \text{Please also check that you have not:} \)      \( \text{Please dyour application in a folder, binder or plastic/paper wallet} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)      \( \text{Please also check that you have not:} \)     \</li></ul>	
<ul> <li>⑥ A legible certified copy of your qualification certificate(s)</li> <li>⑦ A certified copy of your passport, national identity card, DVLA/EEA driving license or EU photo identity card (just the page with the identity details and photograph is required)</li> <li>⑥ A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes)</li> <li>⑨ A certificate of professional status (the original, not a photocopy) from the regulator in the country where you last practised (if applicable)</li> <li>⑩ Clinical references (if applicable)</li> <li>⑩ Certified evidence of any change of name (if applicable)</li> <li>⑩ A legible certified course information form</li> <li>Please also check that you have not:</li> <li>● stapled any part of your application (applications are scanned and staples damage the scanner)</li> </ul>	

Please read the guidance notes before completing this form.

International application for registration (for applicants who hold a qualification or have gained experience outside the UK)

application forms remain the property of HPC)	

Please attach the scrutiny fee payment	below	
I enclose a cheque/money order for the amount of £200		
My account number is	]	photograph of yourself here.
My sort code is		Please do not staple.
I wish to pay by credit/debit card and enclose a 'paying your scruitiny fee' form with my account details.		
For HPC use only		
Date stamp	Date of registration	
Amount received £	Registration number	
Application number	Registered by:	

aviaualy applied for registration with the L				
eviously applied for registration with the F	HPC?	Yes ☐ No ☐		
e give your application number $\Box\Box\Box$				
g for registration as a/an (see guidance	notes	for details of protected titles)		
Arts therapist Biomedical scientist Chiropodist/podiatrist Clinical scientist Dietitian Occupational therapist Orthoptist		Operating department practitioner Paramedic Physiotherapist Prosthetist/orthotist Radiographer Speech and language therapist		
If you have chosen arts therapist please cross the box(es) relevant to you  Art therapist  Dramatherapist  Music therapist				
If you have chosen prosthetist/orthotist please cross the box(es) relevant to you  Prosthetist  Orthotist				
If you have chosen radiographer please cross the box(es) relevant to you  Therapeutic radiographer  Diagnostic radiographer				
oplying for registration as a clinical scientishost applicable to your practice:  Audiology  Clinical biochemistry  Clinical genetics  Clinical immunology  Clinical microbiology	st plea			
	e give your application number	e give your application number		

Previous name (if a Date of birth (DDMM Nationality National Insurance Country of birth Town/city of birth Gender			
Home contact deta	ails		
House/flat number			
Street name			
Town/city			
County/state			
Postcode/zipcode			
Country			
Telephone number			
Mobile number			
Email address			
Work contact details			
Department Department	 		
Organisation			
Street name			
Town/city			
County/state			
Postcode/zipcode			
Country			
Telephone number			
Mobile number			
Email address			

Section 2 Contact details

Section 3 Reg	Julatory body				
Is the profession	n that you are applying for regu	llated in your hom	e country?	Yes 🗆 🛮 🕦	No 🗆
If yes, please sta	red with the regulatory body in yate: e regulatory body				No 🗆
Your registration	n/license number				
Section 4 Pro	fessional bodies				
4.1 Please give	details of any relevant professi	ional bodies of wh	ich you are	or have been	a member.
Name of professional body	Address	Membership number	Date joined	Date membership expired (if applicable)	Length of membership (MMYY)

# Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge? Yes ∐ No $\square$ If yes, please give details on a separate sheet. Have you been disciplined by a professional or regulatory body or your employer? Yes $\square$ ио П If yes, please give details on a separate sheet. Have you had civil proceedings (other than a divorce/dissolution of marriage) brought against you? № □ Yes $\square$ If yes, please give details on a separate sheet. Are you suffering from any condition that would affect your ability to practise? Yes $\square$ № П If yes, please give details on a separate sheet. Section 6 Education and training Please provide details of your professional education and training (ie your qualification for the profession within which you are seeking registration) Title of your relevant qualification $\square L$ Course start date (DDMMYYYY) Course end date (DDMMYYYY) Name of educational institution Street name Town/city County/state Postcode/zipcode If you have gained a further professional qualification relevant to your registration please provide details Title of qualification Educational institution Date certificate was awarded (DDMMYYYY) LLL

Section 5 Character and health self-declarations

Please continue on a separate sheet if necessary.

7

# Section 7 Language proficiency

Please refer to point 7 of the Standards of conduct performance and ethics. Every registrant must ensure that they can communicate effectively with patients, clients, users, carers and other professionals.

Is English your first language? You should only indicate that English is your first language if it is the main or only language you use on a day-to-day basis. Having studied English or undertaken education or training at an institution where the medium of instruction is English does not necessarily mean that English is your first language.

Yes $\square$	No 🗆

If no, you must provide proof of your English proficiency unless you are exempt because you are a citizen of a country in the European Economic Area (EEA). Please refer to guidance notes for details of recognised language tests and the minimum acceptable scores. Please state either:

1)	which language test you have included and state your score
or	
2)	the country within the EEA of which you are a citizen (this must be confirmed by a photocopy of the relevant page of your passport) or other evidence of citizenship.

# Countries in the EEA:

Austria	Finland	Liechtenstein	Romania
Belgium	France	Lithuania	Slovakia
Bulgaria	Germany	Luxembourg	Slovania
Cyprus	Greece	Malta	Spain
Czech Republic	Hungary	The Netherlands	Sweden
Denmark	Iceland	Norway	Switzerland
Ireland	Italy	Poland	United Kingdom
Estonia	Latvia	Portugal	

# Section 8 Career history

	mmary of your career history relevant to the profession within which you are ion. Please list most recent first.	
Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode Country		
Contact name (eg s Job title of contact Work telephone nur Employment start d	aber DDMMYYYY) DDDDDD	
employment)	te (DDMMYYYY) LLLLLL (leave blank if you are still in the blease tell us about your main duties and responsibilities.	IIS
employment)		
employment)		
employment)		
employment) In the space below,		
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	
employment) In the space below,	please tell us about your main duties and responsibilities.	

Contact name (eg supervisor)  Job title of contact  Work telephone number  Employment start date (DDMMYYYY)  Employment end date (DDMMYYYY)  In the space below, please tell us about your main duties and responsibilities.	Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode Country	
Employment end date (DDMMYYYY)	Job title of contact	
	Employment end da	
	In the space below,	please tell us about your main duties and responsibilities.

Career history (continued)

Contact name (eg supervisor)  Job title of contact  Work telephone number  Employment start date (DDMMYYYY)  Employment end date (DDMMYYYY)  In the space below, please tell us about your main duties and responsibilities.	Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode		
Job title of contact  Work telephone number  Employment start date (DDMMYYYY)  Employment end date (DDMMYYYY)  Employment)  In the space below, please tell us about your main duties and responsibilities.	Country		
Employment end date (DDMMYYYY)	Job title of contact Work telephone nui	mber	
employment)  In the space below, please tell us about your main duties and responsibilities.		· · · · · · · · · · · · · · · · · · ·	
		ate (DDIVINIT FFF) LLLLLL (leave blank ii you are still in this	
	In the space below,	, please tell us about your main duties and responsibilities.	
			. <b></b>
			. <b></b>
			. <b></b>

Career history (continued)

# Section 9 Clinical reference form 1

The clinical reference may be used by the HPC to verify whether the applicant is a safe and effective professional. A clinical reference is to be provided on this form by a person who has been a line manager or otherwise responsible for the applicant in a professional way.

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

This section is to be completed by the applicant.				
Your title	OMr OMrs OMiss OMs Oother (please specify)			
Your first name				
Your surname/famil				
Previous name/s				
Job title/position				
Work address				
Street name				
Town/city				
County/state				
Postcode/zipcode				
Country				
Date of birth (DDMI	MYYYY) 🗆 🗆 🗆 🗆 🗆			
Please use the spa	ce below to tell us any additional information. Please use extra sheets if			
necessary.				

The rest of this form should be completed in full by the referee.					
Your title	□Mr □Mrs	s Miss Ms Oother (please specify)			
Your first name					
Your surname/famil	y name $\Box$				
Previous name/s					
Job title/position					
Work address					
Street name					
Town/city					
County/state					
Postcode/zipcode					
Country					
Telephone number					
Mobile number					
Email address					
Please use the foll	owing section	on to tell us about the applicant.			
Qualifications					
In what capacity is t	he applicant l	known to you (eg employee, student, volunteer)?			
in what depactly is the applicant known to you (eg employee, student, volunteer):					
lab title/position of t	the applicant				
Job title/position of t	пе аррпсатт				
How long have you known the applicant? □□ years □□ months					
Datas sambas st	a a manufactura d				
Dates applicant was	s employed	Start date (DDMMYYYY) LLLLLL			
		End date (DDMMYYYY) LLLLLL			
Full-time hours per	week				

Part-time hours per week
Please describe the work setting(s) in which the applicant was employed. Please give an indication
of the range of patients, clients or users and the type of conditions treated.
Discontalling about the types of accessment treatment and evaluation methods that the applicant
Please tell us about the types of assessment, treatment and evaluation methods that the applicant used during their employment.
I authorise the HPC or a nominated agent of the HPC to undertake any checks that may be
necessary to authenticate this reference. I understand that it is a criminal offence under the Health
Professions Order 2001 to make a false declaration.
Date (DDMMYYYY)

# Clinical reference form 2

The clinical reference may be used by the HPC to verify whether the applicant is a safe and effective professional. A clinical reference is to be provided on this form by a person who has been a line manager or otherwise responsible for the applicant in a professional way.

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

This section is to be completed by the applicant.				
Your title	☐Mr ☐Mrs ☐Miss ☐Ms ☐other (please specify) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			
Your first name				
Your surname/fami	ly name			
Previous name/s				
Job title/position				
Work address				
Street name				
Town/city				
County/state				
Postcode/zipcode				
Country				
Date of birth (DDMI	MYYYY) 🗆 🗆 🗆 🗆 🗆			
Please use the spa	ce below to tell us any additional information. Please use extra sheets if			
necessary.				

The rest of this form should be completed in full by the referee.				
The rest of this for Your title Your first name Your surname/family Previous name/s Job title/position Work address Street name	☐Mr ☐Mrs ☐Miss ☐Ms ☐other (please specify) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			
Town/city				
County/state				
Postcode/zipcode				
Country				
Telephone number				
Mobile number				
Email address				
Qualifications	he applicant known to you (eg employee, student, volunteer)?			
Job title/position of t	he applicant			
	known the applicant?			
Dates applicant was	employed Start date (DDMMYYYY)			
Full-time hours per	week			

Part-time hours per week
Please describe the work setting(s) in which the applicant was employed. Please give an indication
of the range of patients, clients or users and the type of conditions treated.
Please tell us about the types of assessment, treatment and evaluation methods that the applicant
used during their employment.
I authorise the HPC or a nominated agent of the HPC to undertake any checks that may be
necessary to authenticate this reference. I understand that it is a criminal offence under the Health
Professions Order 2001 to make a false declaration.
Date (DDMMYYYY)

# Section 10 Declaration of information

- I declare that I have read, understood and will keep to the HPC's standards of conduct, performance and ethics.
- I understand the HPC will only use the information provided in performing its functions under the Health Professions Order 2001 and I authorise the HPC to process my information accordingly.
- I declare that the information given in this form and in any supporting documents is true and accurate.
- I understand that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.
- I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).

Date	Signature
	<b>9</b> .g. a.a. s

# Section 11 Paying your scrutiny fee

**Payment for this application only** – include only the scrutiny fee for **this** application (payment for multiple applications unfortunately cannot be accepted and may result in the applications being returned to you).

I wish to pay by (please cr	oss appropriate box)
Cheque	(payable to <b>Health Professions Council</b> )
British postal order	
Money order	
Bankers draft	
Debit card Debit card	VISA Electron
Credit card VISA	(unfortunately we are unable to accept <b>American Express</b> cards)
If you have chosen to pay	by debit or credit card please complete the section below
Cardholder's name	
Card number	
Valid from (MMYY) □□	Expires on (MMYY)
Security code (the last 3 d	igits of the number on the signature strip - see diagram below) $\Box\Box\Box$
	Visa  Last 3 digits of the Security Code.  Mastercard
Issue number (if applicable	e)
Amount	£ 200.00
Cardholder's signature Date (DDMMYYYY)	

# Section 12 Character reference – this form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of professional standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for grandparenting applicants.

Please return this form to the applicant once complete.

Applicant de	etails etails
Name	
Address	
Profession	
I confirm tha	t I have:
	te applicant for $\square$ years and know of no reason why they should not practise the above with honesty and integrity.
Referee deta	ails
Name□□I	
Occupation	
	nember of a professional or regulatory body, please provide its name and your /registration number
	_ <u></u>
Practice or b	ousiness address
Telephone	
•	capacity in which you know the applicant
Date (DDMM	MYYYY)

The HPC may make further enquiries of the applicant or referee in order to verify or clarify any part of this reference. Please make sure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

# Referee's guidance on completing the character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of professional standing in the community who is not a relative of the applicant and has known the applicant for three years or more. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- A regulated health professional (eg dentist/doctor/nurse)

- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

Once completed please return the character reference to the applicant to submit with their application.

# Section 13 Health reference – this form is to be completed by your health referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that their health does not impair their fitness to practise. A health reference must be provided on this form by a registered medical practitioner who is not a relative of the applicant.

Please return this form to the applicant once complete.

Applicant de	tails					
Name						
Address						
Referee deta	ils					
Name						
Practice addre	ess					
Telephone nu	ımber					
Regulatory bo	ody (if applicable					
Registration r	number (if applicable	e) 🗆 🗆 🗆				
I confirm that	I have:					
been the applicant's registered medical practitioner for at least three years and am satisfied that the applicant's health does not affect their ability to practise the profession to which the application relates; or						
examined the applicant's medical records for at least three years and am satisfied that the applicant's health does not affect their ability to practise the profession to which the application relates; or						
	I the applicant and a rofession to which t			ant's health doe	es not affect th	neir ability to
Date (DDMM)	YYYY)□□□□[		Signature			
Practice stam	p					

The HPC may make further enquires of the applicant or referee in order to verify or clarify any part of this reference. Please ensure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

# Referee's guidance on completing the health reference

#### Information for doctors

This section contains guidance about the information we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to be registered with the HPC. In the UK, the health reference must be completed by a doctor who is registered with the General Medical Council (GMC). However, if the reference is being provided from outside the UK it can be completed by a doctor who is registered with an equivalent regulator in another country.

The doctor must also have been the applicant's doctor for at least three years or must have access to their medical records for the past three years. If this is not possible the doctor can carry out a medical examination in order to complete the health reference.

The doctor must not be a relative of the applicant.

# Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

Your professional opinion should be informed by the fact that any UK employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act 2005.

#### **Fees**

If you or your practice charges a fee for the provision of a reference this is a matter between yourself and your patient. The HPC has an obligation under the Health Professions Order 2001 to obtain the reference from the applicant. This obligation does not extend to paying for the reference and any cost must be met by the applicant.

## **Further questions**

If you have any further questions there is a document providing guidance to applicants and doctors about filling in the health reference. It can be found on our website at: www.hpc-uk.org/publications

If you require further information please contact us on 0845 3004 720 (if calling from the UK) or +44 (0)20 7840 9804.

# Guidance for international applicants (applicants who hold a qualification or have experience gained outside the UK)



International Registration Department
184 Kennington Park Road, London, SE11 4BU
Lo-call number (if calling from UK) 0845 3004 720 or
020 7840 9804
www.hpc-uk.org

**≢=7**international@hpc-uk.org

These guidance notes are intended to help you complete the application form. They will also help you understand the application process. However, if after reading the guidance notes there is something you do not understand please contact us.

## Introduction

- About the Health Professions Council (HPC)
- How we are run
- About registration
- Applying for registration
- Meeting our standards
- Protected titles

# About this guidance

- Applying through the international registration process
- General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Photographic identification
- Birth certificate
- Certified documents
- Translation of documents

#### **Outcomes of an application**

- Incomplete applications
- Successful applications
- Rejected applications
- Fraudulent applications
- The appeals process
- EEA/EU applicants

# Section 1 Registration details

Previous applications

# Section 2 Contact details

- Name change
- Home address
- Work address
- Agencies

# Section 3 Regulatory body

# Section 4 Professional bodies

## **Section 5 Self-declarations**

- Character
- Health

## Section 6

# **Education and training**

Course information

# Section 7 Language proficiency

Section 8
Career history

Section 9 Clinical reference(s)

Section 10 Declaration of information

# Section 11 Paying your fees

- Scrutiny fee
- Registration cycle
- Methods of payment

# Section 12 Character reference

# Section 13 Health reference

# Appendix: other helpful information

- Our standards
- Continuing professional development
- Refugee applications
- How to keep your name on the Register

# **HPC** data protection policy

## **Useful terms**

#### Introduction

#### **About the HPC**

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists/podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/orthotists
- Radiographers
- Speech and language therapists

#### How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

## **About registration**

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Registration shows you meet our standards for your profession. Registration shows the public that health professionals are fit to practise and they are entitled to use the protected title(s) for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is 'fit to practise', we mean they have the skills, knowledge, character and health to do their job safely and effectively.

# **Applying for registration**

The information provided by applicants helps us to know that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

# Meeting our standards

Everyone on our Register must meet the standards of proficiency we have set. The standards of proficiency are the professional standards which health professionals must meet in order to be registered. If you need a copy in an alternative format, please contact us. Our contact details can be found at the front of this form.

The standards of proficiency are made up of generic standards, which all registered health professionals must be able to meet, and profession-specific standards, which only apply to one profession.

## **Protected titles**

Each of the professions we regulate has at least one protected title. Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Part of Register	Sub-section	Title
Arts therapist	Art therapist	Art psychotherapist
	Dramatherapist	Art therapist
	Music therapist	Dramatherapist
		Music therapist
Biomedical scientist		Biomedical scientist
Chiropodist/podiatrist		Chiropodist
		Podiatrist
Clinical scientist		Clinical scientist
Dietitian		Dietitian
		Dietician
Occupational therapist		Occupational therapist
Operating department		Operating department
practitioner		practitioner
Orthoptist		Orthoptist
Paramedic		Paramedic
Physiotherapist		Physical therapist
		Physiotherapist
Prosthetist/orthotist	Prosthetist	Prosthetist
	Orthotist	Orthotist
Radiographer	Diagnostic radiographer	Radiographer
	Therapeutic radiographer	Diagnostic radiographer
		Therapeutic radiographer
Speech and language therapist		Speech and language therapist
		Speech therapist

# About this guidance

# Applying through the international application process

The international application form is for those who have gained a qualification outside of the United Kingdom (UK) and/or do not hold an approved UK qualification but have gained some or all of their professional experience outside the UK.

# General information on completing the forms

To make sure we can process your form, please complete it in black ink and block capitals. Please mark boxes with a cross. If you run out of space please continue on a separate piece of paper. You must answer all the questions as fully as possible. If you qualified over two years ago and have not practised your profession, you also need to complete the return to practice requirements and submit the relevant forms to tell us about your updating period.

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

# Sending us your application

Please send your application when you are ready to start practising your profession and/or using the protected title(s). Your application should be sent to the International Registration Department at the contact address on the front of this form. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned.

# **Important points**

- Please ensure the address you provide is accurate and that you can be sure to receive correspondence from us.
- We cannot guarantee the outcome of an application and at peak times the application process
  can take time so you are advised not to make arrangements that are reliant on you being
  registered (eg starting a job).
- Applicants that choose to make travel or work arrangements before knowing the outcome of their application do so at their own risk.
- It is preferable to apply directly to HPC. However, if you apply with the assistance of an agency make sure they are reputable and be aware that you remain responsible for the information you supply on your application form.

## What happens next?

The average processing time for applications may vary depending on the volume of applications received. However, HPC will endeavour to:

- acknowledge receipt of an application within one month of the date of receipt; and
- assess your application and advise you of the initial decision within a further three months from the date of acknowledgment.

Once we have processed your application, if you are successful you will be asked to pay the registration fee. Upon payment of the registration fee our online Register is immediately updated. It is the best way for you to check you are registered and for your employer to verify your registration status. The Register can be viewed at: www.hpcheck.org To view our privacy statement, please refer to the website: www.hpc-uk.org/privacy

#### Contact us

If you have cannot find the answer to your query in these guidance notes please contact us. Please see page one for our contact details.

# Photographic identification

We ask applicants to provide us with legible certified photocopies of any one of the following documents:

- your passport
- · your national identity card; or
- your DVLA/European driving license or EU photo identity card

We ask you to provide an up-to-date passport photograph. Please write your name and date of birth on the back of it. This will help us match your photograph to your application should it separate. Please do not staple any part of the form.

#### Birth certificate

We ask you to provide us with a legible certified photocopy of your birth certificate. If you do not have one, we will accept other appropriate evidence. If you were born in the UK and have lost your birth certificate you can contact www.statistics.gov.uk for a replacement. Indian nationals applying for registration may provide their secondary school leaving certificate as an alternative.

#### **Certified documents**

The documents submitted should be certified by a solicitor, commissioner of oaths or justice of the peace. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institution that granted the qualification.

# **Translation of documents**

If you submit documents that are not in English, you must provide us with a translation. We recommend you approach your consulate for advice on finding an official translator. If this is not possible, we will accept the documents you have translated, providing you have them authenticated by a lawyer, solicitor, commissioner for oaths or justice of the peace.

#### Please note:

- All completed application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your correspondence details are kept up to date.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible.
   Please do not make any arrangements or incur any expenses which depend upon the approval of your application with us. We will not accept liability for any loss or expenses incurred as a result of the above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

# Outcomes of an application

#### **Incomplete applications**

If your application is incomplete we will return it and ask you to resubmit it. Please do not send individual documents separate from your application as these will be returned to you. We will use the information you provide for a number of purposes. This can include contacting organisations and individuals named in your application, including professional bodies, universities, places of work and referees.

# Successful applications

If your application is successful, we will:

- put your name on the online Register;
- send you a letter on the day we register you; and
- send you a registration certificate and authentication card

With your name on our Register you will be able to practise using the relevant title(s) of your profession.

The publicly available Register shows:

- Name
- Registration number
- Profession of registrant
- Duration of current registration
- Approximate geographical area in which the registrant practises (eg Guildford). It does not show your full address.

# Rejected applications

Your application may be rejected if we believe you do not meet our standards of proficiency or our health and character requirements. Please note your application can only be assessed based on the information you provide with your form. If your application is rejected you can appeal against the decision. You may also reapply, submitting a new form, supporting documents and scrutiny fee.

# Fraudulent applications

If you falsify information about your identity or any other aspect of your application, we will suspend your application pending an investigation. Please remember it is illegal to fraudulently obtain registration with the HPC. If you do this you will be subject to prosecution.

# The appeals process

If your application is rejected you have 28 days following the letter rejecting your application to appeal the decision. If you tell us you wish to appeal the decision, we will then provide you with further information on the appeals process.

# **EEA/EU Applicants**

Applicants who have a right to practise, and have citizenship of another country within the European Economic Area have rights of mutual recognition under EU law. To assert your mutual recognition right you must demonstrate your citizenship (by providing a certified copy of your passport, or other relevant documentation) and your right to practise in another EEA country (by providing a Certificate of Current Professional Status or evidence of practice within another Member State).

# Section 1 Registration details

# **Previous applications**

If you have previously applied for registration with us or our predecessor the Council for Professions Supplementary to Medicine (CPSM), please tell us:

- your application number;
- when you applied (an approximate date if you cannot remember exactly);
- the type of application eg UK, International, grandparenting; and
- any further information eg if you withdrew your application.

## Section 2 Contact details

It is essential that your personal contact details are kept up to date. This is a requirement of the Health Professions Order 2001. For security reasons we are unable to accept changes of personal details by email.

# Name change

All name changes must be made in writing. Please also send us a certified photocopy of the relevant document (eg marriage certificate).

#### Home address

We ask you to give us your main home address. This address is not published on the publicly available register, but is required by us for all HPC correspondence. You can change your address over the telephone or by writing to us.

#### Work address

The work address you give us should be for your main place of work. Members of the public will be able to see on our Register the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

If you change either your home or work address during the application process or at any point thereafter, you must notify us.

# **Agencies**

All correspondence from HPC will be sent to the applicant only. This means you must provide a home address and not the address of an agency. Please be aware if you provide an agency address your application will be returned to you.

# Section 3 Regulatory body

If your profession is regulated in your home country you should enter the details of your registration here. The distinction should be made between a regulatory body and a professional body; there is a section later where you can enter details of membership of any professional body. This section should be used to inform us of any **registration** you may have with a regulatory body. If your profession is not currently regulated in your home country it will not affect your application. The assessors will base their assessment on whether or not you demonstrate that you meet the UK standards of Proficiency. Similarly, if you are registered with a regulatory body in your home country their standards may be different from ours as there are variations in practices from country to country. Therefore, registration with another regulatory body does not guarantee that you will be accepted for registration with HPC. You must still demonstrate that you meet the UK standards of proficiency.

# Section 4 Professional bodies

If you are a member of any professional body please enter the details in section four of the application form.

# Section 5 Self-declarations

#### Character

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important that you declare to us any convictions, police cautions or convictions for which you have received a conditional discharge. Failure to do so may result in an investigation which could lead to you being removed from the Register.

## Health

You are also asked to provide us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If you declare a health and/or character issue this could be considered by a panel to determine whether you are eligible for registration.

# Section 6 Education and training

You should enter details of your professional qualification here. Your professional qualification may be a diploma, certificate, degree or another qualification relevant to the profession in which you wish to register. You can also include any supplementary training or qualification you may have done in relation to your chosen profession (eg training courses, seminars). However, we do not usually need details of your general education (eg high school or secondary school) unless it is directly relevant to your practice as a health professional.

If you have gained further qualifications in your chosen professional field you can enter the details in the space provided and continue on a separate sheet if necessary.

## **Course information**

You must include a course information form with your application. Failure to do so will result in your application being returned to you. The course information form provides us with academic and clinical details of the courses you have. The course information form is not in your application pack, but is available on the HPC website as a word file. The form must be downloaded and sent to your training institution or university as an email attachment. Alternatively direct them to the HPC website: www.hpc-uk.org/apply/app\_download\_international

The training institution or university can type the information into the field boxes - which can be expanded according to the text that is entered.

The information provided should include the scope of the course content and the method by which the assessment was made. They are advised to use the profession specific standards of proficiency as a guide. This information may be taken from a syllabus, but must only include those parts of the course you have studied. In addition, we ask that you specify the percentage of practical assessment that contributed to the overall course. You must provide a breakdown of the number of theory and clinical hours by module. This information is likely to be several pages long.

If sufficient detail is provided, the training institution or university may wish to retain the form as a template for future use when applicants with the same course background apply in the future.

Please ensure that the form is stamped with the training institution or university's official seal before they send it back to you.

# Section 7 Language proficiency

Each registrant must be confident that they can communicate effectively in English in order to comply with the standards of conduct performance and ethics.

You must declare whether English is your first language or not. You should only indicate English is your first language if it is the **main** or **only** language you use on a day-to-day basis. Having studied English or undertaken education or training at an institution where the medium of instruction is English does not necessarily mean that English is your first language. If English is not your first language then you must provide proof of your English language proficiency, which must be one of the acceptable tests below - unless you are exempt because you are a citizen of a country within the EEA.

LANGUAGE CENTRE	SPEECH AND LANGUAGE THERAPISTS*	ALL OTHER PROFESSIONS
CAMBRIDGE ESOL	Certificate of proficiency in English (CPE)	Certificate in advanced English (CAE)
CAMBRIDGE INTERNATIONAL EXAMINATIONS		International General Certificate of Secondary Education (IGCSE) 0500 (1st language) Grade C
CAMBRIDGE INTERNATIONAL EXAMINATIONS		International General Certificate of Secondary Education (IGCSE) 0510 (2st language) Grade C
INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS)	8.0 with no element below 7.5	7.0 with no element below 6.5
HONG KONG EXAMINATIONS AND ASSESSMENT AUTHORITY (HKEAA)		Hong Kong Certificate of Education Examinations (HKCEE) Syllabus B Grade A
TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) - PAPER TEST	670	600
TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) - ELECTRONIC TEST	290	250
TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) Internet Based Test (IBT)	118	100
TEST OF ENGLISH FOR INTERNATIONAL COMMUNICATION (TOEIC)	990	810

# **Exemption from language proficiency test**

If you are a citizen of a country within the European Economic Area (EEA) then you are exempt from providing proof of English language proficiency. However, when registering you are declaring that you will adhere to the general standards of conduct performance and ethics as well as the standards of proficiency specific to your profession. These standards state: 'You must maintain proper and effective communications with patients, clients, users, carers and other professionals'. To meet this requirement you should satisfy yourself that your English is of a sufficient standard. The HPC will not test your language proficiency if you are a citizen of an EEA country.

# Citizenship of an EEA country

To exempt yourself from providing an English language test you must demonstrate citizenship of a country within the EEA. Citizenship may be by virtue of nationality (eg by birth) or by marriage to another EEA citizen and you must provide the appropriate evidence of your citizen status. This will usually be a certified copy of your passport (which is required anyway) or a certified copy of your national identity card (provided with a certified translation if not already in English).

#### **EEA**

The EEA is made up of the 27 European Union (EU) nations and four others. It comprises: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Éire (Republic of Ireland), Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, Iceland, Liechtenstein, Norway and Switzerland.

# **Dual nationality**

If you hold dual nationality status and one or more of those nationalities is of an EEA country then you are also exempt from providing proof of your English language proficiency.

# Section 8 Career history

If you have experience in addition to your training and qualifications, please enter details of your career history in reverse order, with your most recent position first. Provide as much detail as you can to illustrate to the assessors that you meet the standards of proficiency for your profession. Explain any significant gaps in your career history.

# Section 9 Clinical reference(s)

We ask you to provide us with up to two clinical reference forms to support your application. If you are unable to provide us with a clinical reference we will still assess your application, however it may have a bearing on the success of your application overall.

The clinical reference should be given by someone who has been your supervisor/line manager or otherwise responsible for you in a professional capacity. We cannot consider a reference provided by someone who is related to you by birth, marriage or a relationship similar to marriage.

We will consider all forms of reference, whether a simple statement about your time in practice or a more detailed statement about the nature of your practice. You must use the clinical reference form(s) and additional sheets as necessary.

We ask you to complete the first section of the clinical reference form before you send the form to your referee.

## Important points:

- The clinical reference must be completed on a HPC clinical reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you in a sealed envelope and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

# After you've obtained your clinical reference

When your referee has completed your clinical reference, it should be returned to you. Keep this with your character and health reference and send to us with the rest of your application.

# Section 10 Declaration of information

HPC can only process your application if you have signed this declaration. You should make sure that you fully understand the declaration before signing it. It is illegal to fraudulently procure an entry onto the HPC Register. If you do this, you will be subject to prosecution.

# Section 11 Paying your scrutiny fee

# Scrutiny fee

The fee we ask you to send with your application is called a scrutiny fee. This is a one off nonrefundable payment of £200. We cannot process your application without this payment.

# **Registration cycle**

Your registration cycle is biennial (two-yearly) and is made up of 2 'professional years'. We will advise you of the registration fee when your application has been processed and approved. The table below shows the professional years for each profession we regulate.

Arts therapists 1 June – 31 May

Biomedical scientists 1 December – 30 November

1 August – 31 July Chiropodists/podiatrists

Clinical scientists 1 October – 30 September

**Dietitians** 1 July – 30 June

1 November – 31 October Occupational therapists

1 December – 30 November Operating department practitioners

**Orthoptists** 1 September – 31 August **Paramedics** 

1 September – 31 August

**Physiotherapists** 1 May – 30 April

Prosthetists/orthotists 1 October – 30 September Radiographers 1 March – 28 February

Speech and language therapists 1 October – 30 September

#### **Methods of payment**

You can choose to pay your scrutiny fee by cheque, money order, bankers draft or by credit/debit card. Payments must be made in UK sterling and drawn on a bank based in the UK. Your payment should be crossed and made payable to Health Professions Council. Please write your full name on the reverse side of your payment and ensure that it is not post-dated. You should allow at least five working days for your payment to reach us (ten if sending from outside the UK).

#### Section 12 Character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- Civil servant (permanent)
- A regulated health professional (eg dentist/doctor/nurse)
- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

The person who gives the character reference must have known the applicant for at least three years and must not be a relative of the applicant. Some applicants therefore ask their doctor to complete their character reference as well as their health reference. Whether the doctor feels sufficiently informed and/or whether they are willing to complete the character reference is the decision of the doctor.

#### **Important points**

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.

• Please remember if you provide fraudulent references you may be prosecuted.

#### After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health and clinical reference and send it in to us with the rest of your application.

#### Section 13 Health reference

#### All applicants must provide a health reference

Only a doctor registered with the appropriate regulatory body can complete a health reference.

The referee must sign and date the form on the understanding that it is illegal for them to provide a false reference. The referee must either have been your registered medical practitioner for at least three years or have examined your medical records for this period and cannot be related to you. A referee who cannot provide a reference on either basis may do so after physically examining you.

#### Important points:

- The health reference must be completed on a HPC health reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your health reference form. Any costs incurred will have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and provide their practice address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We do not need a consent letter from you for a registered medical practitioner to release information. When you give your referee the health reference form you are giving your consent for them to complete this document.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted.

#### After you've obtained your health reference

When your doctor has completed your health reference, it should be returned to you. Keep this with your character and clinical references and send it in to us with the rest of your application.

If your doctor has provided us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

#### If your doctor will not sign your reference

Your doctor may not be able to sign your reference. If so, you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

If your medical records are not available then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

We have published a detailed document called 'Information about the health reference'. This has been written for people who have more questions about the health reference, and it contains information for applicants and for doctors. You may find this document useful if you have a health condition, if you are disabled or if your doctor has asked you questions about the health reference. The document is available on our website at: www.hpc-uk.org/publications

### Appendix: other helpful information

#### **Our standards**

Please read the following two documents before submitting your application:

- Standards of conduct, performance and ethics
- Standards of proficiency

Copies of these documents can be found on our website at www.hpc-uk.org or by contacting us directly. Please see page one for our contact details.

#### **Continuing professional development**

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

#### How to keep your name on the Register

Once you have been registered, you will need to renew your registration every two years. To make sure your name stays on the Register, we must receive:

- your registration fee;
- your signed professional declaration; and
- if you are randomly selected, your CPD audit information.

Title

UK Form

We will send you a registration renewal form around three months before your registration expires.

#### Refugee applications

You do not have to pay the application scrutiny fee if you fall into one of the following categories:

- You have refugee status
- You have exceptional leave to remain (granted before April 2003)
- You have humanitarian leave to remain (granted on or after 1st April 2003)
- You have discretionary leave to remain (granted on or after 1st April 2003)

You will need to send us a Home Office letter with your application which confirms that you have refugee status or leave to remain as detailed above.

You need to try and provide as much information as possible with your application. If you are unable to provide all the information you need to (maybe because the documentation has been destroyed or because you are unable to obtain it), you must to include a letter which explains this.

Please call the International Registration Department between 8am – 6pm (UK time) Monday to Friday on: +44 (0)20 7840 9804 or (within the UK) on our lo-call number 0845 3004 720.

For refugee allied health professionals seeking advice and information on how to find jobs, gain experience and other useful assistance, the following Department of Health (DoH) sponsored website is a useful resource: www.rose.nhs.uk

## Data protection policy

Data protection statement to be inserted here.

18

#### Useful terms

**Agencies** – may be any third party but would usually be a commercial business that makes money (by commission) on placing applicants in employment for a fee charged to the employer. If you choose to use an agency you should make sure they are reputable. Responsibility for your application remains with you and you must provide an address where you can be sure to receive correspondence from us.

**Appeals** – if your application is unsuccessful you have a right to appeal the assessors' decision. If you believe the decision is wrong and you believe you meet the Standards of proficiency and the Standards of conduct performance and ethics you must establish your grounds for appeal (ie why you believe the decision to be wrong) and follow the appeals procedure. Information on this will be sent to you in the case of an unsuccessful application.

**Applicant** – the person making the application for entry to the Register

**Continuing professional development** – any activity which serves to maintain or improve upon professional knowledge and practice. Once registered you are required to record what CPD you undertake (see HPC publication 'Continuing professional development and your registration').

**Data protection policy** – this is the HPC's statement of how we apply and comply with the rules contained within the Data Protection Act 1998.

**Declaration** – this is the declaration you sign as part of the application form. You are signing to confirm each of the four elements of the declaration. This declaration is legally binding and you should only sign it if you are sure the information you are providing is correct.

**Home address** – the address of your main or only residence. This should be an address where you can be sure to receive correspondence from HPC as we may need to contact you regarding your application.

**HPC** – Health Professions Council

**Health Professions Order 2001** – the legislation that governs the registration process and confers the responsibilities and authority to the HPC to apply and administer the registration process.

**Relative** – The term is broadly defined by the HPC (Registration and Fees) Rules 2003 as follows:

- (a) spouse;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse; or
- (c) the spouse of any relative mentioned in paragraph (b) and or for the purposes of deducing any such relationship 'spouse' includes a former spouse, a partner to whom the person is not married, and a partner of the same sex.

**Work address** – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eg chiropodist) then this may be the address where your practice is based. Only the area will be available to view on the public Register so your privacy and security remains protected.

	Please re	ad th	e guidanc	e notes	before co	mpleting	this fo	rm.		
Readmission registered)	application	for	registration	on (for	applican	its who	have	previo	usly	been
la:					= <b>"</b> 184 l	<b>Kenningtor</b>	n Park Ro	ad, Londo	on, SE1	11 4BU
health professions council					<b>☎</b> Lo-call nu	mber (if ca	alling from	0	20 784	0 9802
									ww.hpc	•
							≢≡7re	egistratio	n@hpc	-uk.org
Before comple applicants and using a black p	the Standard						_			
Your title Mr	Mrs Mi	iss 🗆	l Ms □ o	ther (ple	ase specify	<u>/)</u>				
Your first name										
Your surname/fa	amily name   [	חחר							ППІ	
		- — -								
Your profession									닏닏	ᆜ
		الاال		$  \sqcup \sqcup \sqcup$		$\sqcup\sqcup\sqcup$	$\sqcup \sqcup \sqcup$		ШШ	Ш
Please make a application by		_			•				send	your
Please make su	ire vou have i	nalu						_		
do so will resul						s with yo	our app	lication	ı. Failt	ure to
do so will resul	lt in your appl	icatio	n being re	turned	to you.				Please	
Checklist - plea application	It in your appliase check to er	ications rsure	n being re	turned	to you.					e tick
Checklist – plea application  ① A completed a	It in your appliase check to erapplication form	nsure n	you have e	eturned enclosed	to you.				Please	e tick
Checklist - plea application	It in your appliase check to enapplication formula fees' form with the section of	nsure nsure n th app	you have e	enclosed	the follow				Please	e tick
Checklist – plea application  ① A completed a ② A 'Paying you	ase check to er application forn ir fees' form with signed and da	nsure n n th app	you have e	enclosed ayment ter refere	the following				Please	e tick
Checklist - plea application  ① A completed and a completed, ③ A completed, ④ A completed, ⑤ A legible certification	ase check to er application form ur fees' form win signed and dan signed and dan ified copy of yo	nsure  m th apple ted H ted H our pa	you have encorporate parts of the parts of t	enclosed ayment ter reference onal ide	the following the form the form the form, the form, the form, the form the form, the form the form, the form the form, the form, the form the form the form, the form th	ng items	with yo	ur F	Please	e tick
Checklist - plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU ph	ase check to er application form ur fees' form win signed and dan signed and dan ified copy of yo	nsure  m th apple ted H ted H our pa	you have encorporate parts of the parts of t	enclosed ayment ter reference onal ide	the following the form the form the form, the form, the form, the form the form, the form the form, the form the form, the form, the form the form the form, the form th	ng items	with yo	ur F	Please	e tick
Checklist – plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required)	ase check to er application form ur fees' form wir signed and da signed and da ified copy of yo noto identity ca	nsure  n th app ted H ted H ur pa rd (ju	you have encoropriate parts of the page	enclosed ayment ter reference reference onal ide	the following the form the form the form the form the identity decrease.	DVLA/EE	with yo	ur F	Please	e tick
Checklist - plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certi	ase check to er application formur fees' form wire signed and date signed and date ified copy of your of the copy of your fied copy of your field	nsure  m th apple ted H ted H bur pa rd (ju	you have encorporate participated by the page of the certificate of the page of the certificate of the page of the	enclosed ayment ter reference reference onal ide	the following the form the form the form the form the identity decrease.	DVLA/EE	with yo	ur F	Please	e tick
Checklist – plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certilappropriate evid	ase check to er application formur fees' form wire signed and dare signed and dare ified copy of your hoto identity carried copy of your lence (see guidense)	nsure  n th apple ted H ted H our pa rd (ju our bir dance	you have encoropriate parts of the page the certificate notes)	enclosed ayment ter reference onal ide with the	the following the form e form e identity card, I dentity de con certifica	DVLA/EE	with yo	ur F	Please	e tick
Checklist – plea application  ① A completed a ② A 'Paying you ③ A completed, ③ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certiappropriate evid ② Certified evide	ase check to enapplication formur fees' form winging and dang signed and dangified copy of your hoto identity can be seen guidence (see guidence of any characters)	nsure  n th app ted H ted H tur pa rd (ju tur bir lance ange	you have expressions being recorded by the page of the certification of name (if	enclosed ayment ter reference onal ide with the e/adopti	the following the form e form e identity card, I dentity de con certifica	DVLA/EE	with yo	ur F	Please	e tick
Checklist – plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certilappropriate evid	ase check to enapplication formur fees' form winging and dang signed and dangified copy of your hoto identity can be seen guidence (see guidence of any characters)	nsure  n th app ted H ted H tur pa rd (ju tur bir lance ange	you have expressions being recorded by the page of the certification of name (if	enclosed ayment ter reference onal ide with the e/adopti	the following the form e form e identity card, I dentity de con certifica	DVLA/EE	with yo	ur F	Please	e tick
Checklist – plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certiappropriate evid ⑦ Certified evide ⑧ Relevant retu	ase check to enapplication formur fees' form wing signed and danged and dange	nsure n th app ted H ted H our pa ord (ju our bir lance ange orms	you have expression being recorded by the page of the	enclosed ayment ter reference onal ide with the e/adopti	the following the form e form e identity card, I dentity de con certifica	DVLA/EE	with yo	ur F	Please	e tick
Checklist - plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certiappropriate evide ⑦ Certified evide ⑧ Relevant retu	ase check to en application formur fees' form wire signed and date signed and date ified copy of you hoto identity cate of any charm to practice for the copy of your top the copy of y	nsure  n th apple ted H ted H bur pa rd (ju bur bir lance ange orms	you have expression being recorded by the page of the	enclosed ayment ter reference onal ide with the e/adopti applical le)	the following the form entity card, le identity de con certificate)	OVLA/EE	with you	g graph	Please	e tick
Checklist – plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certiappropriate evid ⑦ Certified evide ⑧ Relevant retu	ase check to en application formur fees' form wire signed and date signed and date ified copy of you hoto identity cate of any charm to practice for the copy of your top the copy of y	nsure  n th apple ted H ted H bur pa rd (ju bur bir lance ange orms	you have expression being recorded by the page of the	enclosed ayment ter reference onal ide with the e/adopti applical le)	the following the form entity card, le identity de con certificate)	OVLA/EE	with you	g graph		e tick
Checklist - plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certilicense or EU phis required) ⑦ Certified evide ⑧ Relevant returentered Please also checklesses also checkless	ase check to er application formur fees' form wire signed and da signed and da fied copy of you hoto identity catefied copy of your application in a specified copy of your	nsure nsure nth applied H ted H ted H tur pa rd (ju tur bir lance ange orms re no	you have expression being responsible page PC characters page the certificate notes of name (if (if applicate the page) the certific	enclosed ayment ter reference onal ide with the e/adopti applical le) ions are	the following the following ence form entity card, le identity de con certificate to be scanned a saper walle	DVLA/EE etails and te or other	with your control with your co	g graph		e tick
Checklist - plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certilicense or EU phis required ② Certified evide ⑥ Relevant retured Please also checklist of the scanner ② placed your a ⑤ included any phis included any of the scanner	ase check to en application formur fees' form wire signed and dare signed and dare signed and dare fied copy of you hoto identity can be seen and the copy of you hoto identity can be seen and the copy of you hoto identity can be seen and the copy of you hoto identity can be seen and the copy of you hoto identity can be seen and the copy of you hoto identity can be seen and the copy of you have and the copy of your application in a coriginal docum	nsure nsure nth applied H ted H ted H tur pa rd (ju tur bir lance ange orms re no	you have expression being responsible page PC characters page the certificate notes of name (if (if applicate the page) the certific	enclosed ayment ter reference onal ide with the e/adopti applical le) ions are	the following the following ence form entity card, le identity de con certificate to be scanned a saper walle	DVLA/EE etails and te or other	with your control with your co	g graph		e tick
Checklist – plea application  ① A completed a ② A 'Paying you ③ A completed, ③ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certilicense or EU phis required) ⑦ Certified evide ⑧ Relevant retured Please also checulous stapled any phis placed your a ② placed your a ③ included any certificate of attacts.	ase check to en application formur fees' form wir signed and dare signed and dare signed and dare fied copy of your dence (see guidence of any charm to practice for the practice for the process of the polication in a coriginal document ainment)	nsure nsure nth app ted H ted H ur pa urd (ju ur bir lance ange orms /e no	you have expression being responsible page PC characters page the certificate notes of name (if applicate on (applicate page) the page the certificate page	enclosed ayment ter reference onal ide with the e/adopti applical le) ions are plastic/p certifica	the following the form eform eform eidentity card, le identity de con certificate to compete de com	DVLA/EE etails and te or other	with your services dama	g graph		e tick
Checklist - plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certilicense or EU phis required) ⑥ A legible certilicense or EU phis required ② Certified evide ⑥ Relevant retured Please also checklist of the scanner ② placed your a ⑤ included any phis included any of the scanner	ase check to enapplication formur fees' form winder signed and date signed and date signed and date ified copy of your dence of any charm to practice for the copy of your application in a coriginal document or its description of the copy of your application in a coriginal document or its description in a coriginal document or its description.	nsure nsure nth applied H ted H our pa rd (ju our bir dance ange orms re no lication folder ents (	you have expropriate particular pages of name (if (if applicate on (applicate on (appl	enclosed ayment ter reference onal ide with the e/adopti applical le) ions are plastic/p certifica	the following the form eform eform eidentity card, le identity de con certificate to compete de com	DVLA/EE etails and te or other	with your services dama	g graph		e tick

Your payment			
I enclose a cheque/money order for the amount of £			
My account number is	Attach a recent photograph of yourself here.		
My sort code is			Please do not staple.
For HPC use only			
Date stamp	Date of registration		
Amount received £			
Application number			
Pass list checked: YES/NO Checked by:			

Section i r	Registration details		
Please provi	de your registration number		
When did yo	u last practice your profession?		
I am applying	g for registration as a/an (see gu	idance notes	for details of protected titles)
	Arts therapist Biomedical scientist Chiropodist/podiatrist Clinical scientist Dietitian Occupational therapist Orthoptist		Operating department practitioner Paramedic Physiotherapist Prosthetist/orthotist Radiographer Speech and language therapist
If you have o	chosen arts therapist please cross to Art therapist Dramatherapist	he box(es) re	elevant to you Art psychotherapist Music therapist
If you have o	chosen prosthetist/orthotist please of Prosthetist	cross the box	(es) relevant to you Orthotist
If you have s	elected radiographer please cross Therapeutic radiographer	the box(es) r	elevant to you Diagnostic radiographer
	plying for registration as a clinical solities most applicable to your practical solities most applicable to your practical clinical biochemistry  Clinical genetics  Clinical immunology  Clinical microbiology  Clinical physiology		Cellular science Embryology Haematology Histocompatibility and immunogenetics Medical physics and clinical engineering Other (please state)

Section 2 Contact	ct details
Previous name (if a Date of birth (DDMN Nationality National Insurance Country of birth Town/city of birth Gender	
Home contact deta	ails
House/flat number	
Street name	
Town/city	
County	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
Email address	
Work contact deta	ils
Department	
Organisation	
Street name	
Town/city	
County	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
Email address	

			ffence, received a police caution or been convicted of days a conditional discharge?		
,	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Have y	ou been disciplined	by a profession	onal or regulatory body or your employer?		
,	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Have y you?	ou had civil proceed	dings (other th	an a divorce/dissolution of marriage) brought against		
•	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Are you	u suffering from any	condition tha	t would affect your ability to practise?		
,	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Sectio	n 4 Declaration of	of informatio	n		
<ul> <li>I declare that I have read, understood and will keep to the HPC's standards of conduct, performance and ethics.</li> <li>I understand the HPC will only use the information provided in performing its functions under the Health Professions Order 2001 and I authorise the HPC to process my information accordingly.</li> <li>I declare that the information given in this form and in any supporting documents is true and accurate.</li> <li>I understand that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.</li> <li>I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).</li> </ul>					
Date (l	DDMMYYYY)		□□ Signature		

Section 3 Character and health self-declarations

## Section 5 Paying your fees – please read the guidance notes on paying your fees

Please	e choose one of the following two options:
Option	<b>n 1</b> I am applying for readmission and <b>do not</b> wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £120.
Optior	I am applying for readmission and <b>wish</b> to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £60.
Please	e complete the direct debit instruction if you have chosen option 2

# INSERT DIRECT DEBIT INSTRUCTION AND GUARANTEE HERE

## Section 6 Character reference – this form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of professional standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for UK applicants.

Please return this form to the applicant once complete.

Applicant de	etails
Name	
Address	
Profession	
I confirm that	I have:
	e applicant for at least three years and know of no reason why they should not practise ofession with honesty and integrity.
	ould be made aware of any details of the applicant's character that might affect his/her registration. Please disclose any known issues here.
Referee deta	ails
Name□□□	
Occupation	
If you are a n	nember of a professional or regulatory body, please provide its name and your
membership/	registration number
Practice or be	usiness address
Telephone	
Please state	capacity in which you know the applicant
Date (DDMM	YYYY) 🗆 🗆 🗆 🗆 🗆 Signature

The HPC may make further enquiries of the applicant or referee in order to verify or clarify any part of this reference. Please make sure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

## Referee's guidance on completing the character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of professional standing in the community who is not a relative of the applicant and has known the applicant for three years or more. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- Civil servant (permanent)
- A regulated health professional (eg dentist/doctor/nurse)

- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

Once completed please return to the applicant to submit with their application.

## Section 7 Health reference – this form is to be completed by your health referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that their health does not impair their fitness to practise. A health reference must be provided on this form by a registered medical practitioner who is not a relative of the applicant.

Please return this form to the applicant once complete.

Applicant de	etails						
Name							
Address							
Referee deta	ails						
Name							
Practice addr	ess						
Telephone nu	umber						
Regulatory be	ody (if applicable						
Registration r	number (if applicabl	e) 🗆 🗆 🗆 🗆					
I confirm that	I have;						
	applicant's registere ealth does not affec	•			-	m satisfied tl	he
	I the applicant's me ealth does not affec		•	•		n satisfied th	те
a examined practise their	d the applicant and profession.	am satisfied th	e applicant's	s health does	s not affect the	eir ability to	
Date (DDMM	YYYY) 🗆 🗆 🗆 🗆		Signature				
Practice stam	np						

The HPC may make further enquires of the applicant or referee in order to verify or clarify any part of this reference. Please ensure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

## Referee's guidance on completing the health reference

#### Information for doctors

This section contains guidance about the information we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to be registered with the HPC. In the UK, the health reference must be completed by a doctor who is registered with the General Medical Council (GMC). However, if the reference is being provided from outside the UK it can be completed by a doctor who is registered with an equivalent regulator in another country.

The doctor must also have been the applicant's doctor for three years or must have access to their medical records for the past three years. If this is not possible the doctor can carry out a medical examination in order to complete the health reference.

The doctor must not be a relative of the applicant.

#### Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

Your professional opinion should be informed by the fact that any UK employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act 2005.

Also, in writing the health reference for your patient, you are providing them with a service. The Disability Discrimination Act covers service providers, which means that your patient may be protected under the Disability Discrimination Act part 3. You should make sure any information you give us avoids stereotypes, assumptions and judgements about disabled people, but instead contains only information about your individual patient, based on their individual circumstances.

#### **Fees**

If you or your practice charges a fee for the provision of a reference this is a matter between yourself and your patient. The HPC has an obligation under the Health Professions Order 2001 to obtain the reference from the applicant. This obligation does not extend to paying for the reference and any cost must be met by the applicant.

#### **Further questions**

If you have any further questions there is a document providing guidance to applicants and doctors about filling in the health reference. It can be found on our website: www.hpc-uk.org/publications

If you require further information please contact us on 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

## Guidance for readmission applicants (applicants who have previously been registered)



UK Registration Department
184 Kennington Park Road, London, SE11 4BU

**T**Lo-call number (if calling from UK) 0845 3004 472 or 020 7840 9802

www.hpc-uk.org

**₹**=**7**registration@hpc-uk.org

These guidance notes are intended to help you complete the application form. They will also help you understand the application process. However, if after reading the guidance notes there is something you do not understand please contact us.

#### Introduction

- About the Health Professions Council (HPC)
- How we are run
- Applying for readmission
- Meeting our standards
- Protected titles

#### About this guidance

- Applying through the readmission process
- Returners to practice
- General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Photographic identification
- Birth certificate
- Certified documents
- Translation of documents

#### Outcomes of an application

- Incomplete applications
- Successful applications
- · Rejected applications
- Fraudulent applications
- The appeals process

## Section 1

#### **Registration details**

Previous applications

## Section 2 Contact details

- Name change
- Home address
- Work address
- Agencies

## Section 3 Self-declarations

- Character
- Health

## Section 4 Declaration of information

### Section 5

#### Paying your fees

- Registration cycle
- Methods of payment

#### Section 6 Character reference

## Section 7 Health reference

#### Appendix: other helpful information

- Our standards
- Continuing professional development
- How to keep your name on the Register

#### **HPC** data protection policy

#### **Useful terms**

#### Introduction

#### **About the HPC**

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists/podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- · Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/orthotists
- Radiographers
- Speech and language therapists

#### How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

#### **About registration**

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Registration shows you meet our standards for your profession. Registration shows the public that health professionals are fit to practise and they are entitled to use the protected title(s) for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is 'fit to practise', we mean they have the skills, knowledge, character and health to do their job safely and effectively.

#### Applying for readmission

The information provided by applicants helps us to know that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

#### Meeting our standards

Everyone on our Register must meet the Standards of proficiency we have set. The Standards of proficiency are the professional standards which health professionals must meet in order to be registered. If you need a copy in an alternative format, please contact us. Our contact details can be found at the front of this form.

The Standards of proficiency are made up of generic standards, which all registered health professionals must be able to meet, and profession-specific standards, which only apply to one profession.

#### **Protected titles**

Each of the professions we regulate has at least one protected title. Anyone who uses one of these titles must be on our register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Part of Register	Sub-section	Title
Arts therapist	Art therapist	Art psychotherapist
·	Dramatherapist	Art therapist
	Music therapist	Dramatherapist
	·	Music therapist
Biomedical scientist		Biomedical scientist
Chiropodist/podiatrist		Chiropodist
		Podiatrist
Clinical scientist		Clinical scientist
Dietitian		Dietitian
		Dietician

Occupational therapist		Occupational therapist
Operating department		Operating department
practitioner		practitioner
Orthoptist		Orthoptist
Paramedic		Paramedic
Physiotherapist		Physical therapist
		Physiotherapist
Prosthetist/orthotist	Prosthetist	Prosthetist
	Orthotist	Orthotist
Radiographer	Diagnostic radiographer	Radiographer
	Therapeutic radiographer	Diagnostic radiographer
		Therapeutic radiographer
Speech and language therapist		Speech and language therapist
		Speech therapist

## About this guidance

#### Applying through the readmission application process

The readmission application form is for those who have been registered with us or our predecessor organisation, the Council for Professions Supplementary to Medicine (CPSM).

#### Returners to practice

If you have been out of practice for more than two years you will need to undertake a period of updating your skills and knowledge before you can become re-registered. As well as the main application form, you must also complete the relevant return to practise forms which can be found on our website: www.hpc-uk.org/apply

#### **General information on completing the forms**

To make sure we can process your form, please complete it in black ink and block capitals. Please mark boxes with a cross. If you run out of space please continue on a separate piece of paper. You must answer all the questions as fully as possible.

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

#### Sending us your application

Please send your application when you are ready to start practising your profession and/or using the protected title(s). Your application should be sent to the UK Registration Department at the contact address on the front of this form. If you are newly qualified, you should not send your application until you have received confirmation of your qualification. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned. If you cannot be registered your fee will be refunded and you will be notified in writing.

#### What happens next?

The average processing time for applications is between seven and ten working days. This time may vary depending on the volume of applications received. Once we have processed your application our on-line register is immediately updated. It is the best way for you to check you are registered and for your employer to verify your registration status. The Register can be viewed at www.hpcheck.org To view our privacy statement, please refer to the website: www.hpc-uk.org/privacy

#### Contact us

If you cannot find the answer to your query in these guidance notes please contact us. Please see page one for our contact details.

#### Photographic identification

We ask applicants to provide us with legible certified photocopies of any one of the following documents;

- your passport
- your national identity card; or
- your DVLA/European driving license or EU photo identity card

We ask you to provide an up-to-date passport photograph. Please write your name and date of birth on the back of it. This will help us match your photograph to your application should it separate. Please do not staple any part of the form.

#### Birth certificate

We ask you to provide us with a legible certified photocopy of your birth certificate. If you do not have one, we will accept other appropriate evidence. If you were born in the UK and have lost your birth certificate you can contact www.statistics.gov.uk for a replacement. Indian nationals applying for registration may provide their secondary school leaving certificate as an alternative.

#### **Certified documents**

The documents submitted should be certified by a solicitor, commissioner of oaths or justice of the peace. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institution that granted the qualification.

#### **Translation of documents**

If you submit documents that are not in English, you must provide us with a translation. We recommend you approach your consulate for advice on finding an official translator. If this is not possible, we will accept the documents you have translated, providing you have them authenticated by a lawyer, solicitor, commissioner for oaths or justice of the peace.

#### Please note:

- All application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your correspondence details are kept up to date.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible.
   Please do not make any arrangements or incur any expenses which depend upon the approval of your application with us. We will not accept liability for any loss or expenses incurred as a result of the above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

## Outcomes of an application

#### Incomplete applications

If your application is incomplete we will return it and ask you to resubmit it. Please do not send individual documents separate from your application as these will be returned to you. We will use the information you provide for a number of purposes. This can include contacting organisations and individuals named in your application, including professional bodies, universities, places of work and referees.

#### Successful applications

If your application is successful, we will:

- put your name on the online register
- send you a letter on the day we register you
- send you a registration certificate and authentication card

With your name on our Register you will be able to practise using the relevant title(s) of your profession.

The publicly available register shows:

- Name
- Registration number
- · Profession of registrant
- Duration of current registration
- Approximate geographical area in which the registrant practises (eg Guildford). It does not show your full address.

#### Rejected applications

Your application may be rejected if we believe you do not meet our standards of proficiency or our health and character requirements. Please note your application can only be assessed based on the information you provide with your form. If your application is rejected you can appeal against the decision. You may also reapply, submitting a new form, supporting documents and registration fee.

#### Fraudulent applications

If you falsify information about your identity or any other aspect of your application, we will suspend your application pending an investigation. Please remember it is illegal to fraudulently obtain registration with the HPC. If you do this you will be subject to prosecution.

#### The appeals process

If your application is rejected you have 28 days following the letter rejecting your application to appeal the decision. If you tell us you wish to appeal the decision we will then provide you with further information on the appeals process.

#### Section 1 Registration details

#### **Previous applications**

If you applied for registration with us or our predecessor the Council for Professions Supplementary to Medicine (CPSM), please tell us your application number. Please also tell us:

- when you applied (an approximate date if you cannot remember exactly);
- the type of application eq UK, International, grandparenting; and
- any further information eg if you withdrew your application

#### Section 2 Contact details

It is essential that your personal contact details are kept up to date. This is a requirement of the Health Professions Order 2001. For security reasons we are unable to accept changes of personal details by email.

#### Name change

All name changes must be made in writing. Please also send us a certified photocopy of the relevant document (eg marriage certificate).

#### Home address

We ask you to give us your main home address. This address is not published on the publicly available register, but is required by us for all HPC correspondence. You can change your address over the telephone or by writing to us.

#### Work address

The work address you give us should be for your main place of work. Members of the public will be able to see on our Register the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

If you change either your home or work address during the application process or at any point thereafter, you must notify us.

#### **Agencies**

All correspondence from the HPC will be sent to the applicant only. This means you must provide a home address and not the address of an agency. Please be aware if you provide an agency address your application will be returned to you.

#### Section 3 Self-declarations

#### Character

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important you declare to us any convictions, police cautions or convictions for which you received a conditional discharge. Failure to do so may result in investigation which could lead to you being removed from the Register.

#### Health

You are also asked to provide us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If you declare a health and/or character issue this could be considered by a panel to determine whether you are eligible for registration.

#### Section 4 Declaration of information

HPC can only process your application if you have signed this declaration. You should make sure that you fully understand the declaration before signing it. It is illegal to fraudulently procure an entry onto the HPC Register. If you do this, you will be subject to prosecution.

## Section 5 Paying your fees

#### **Registration cycle**

Your registration cycle is biennial (two-yearly) and is made up of two 'professional years'. The table below details the professional years for each profession we regulate.

Arts therapists 1 June – 31 May

Biomedical scientists 1 December – 30 November

Chiropodists/podiatrists 1 August – 31 July

Clinical scientists 1 October – 30 September

Dietitians 1 July – 30 June

 $\begin{array}{lll} \text{Occupational therapists} & 1 \; \text{November} - 31 \; \text{October} \\ \text{Operating department practitioners} & 1 \; \text{December} - 30 \; \text{November} \\ \text{Orthoptists} & 1 \; \text{September} - 31 \; \text{August} \\ \text{Paramedics} & 1 \; \text{September} - 31 \; \text{August} \\ \end{array}$ 

Physiotherapists 1 May – 30 April

Prosthetists/orthotists 1 October – 30 September Radiographers 1 March – 28 February Speech and language therapists 1 October – 30 September

The registration fee for the two year registration cycle is £120 (£60 per year). If you apply to be registered at any point during the professional year, even if only for a few days, you will need to pay the full £60. If you do not need registration immediately in order to work, you may wish to check when your new professional year starts and apply for registration at the start of a new professional year. The table below shows the registration cycles for each profession.

Before you send us your application you need to decide whether you wish to pay the full registration fee or spread the cost by paying by direct debit.

#### **Methods of payment**

If you do not wish to set up a direct debit you will need to pay in full by cheque or money order. You need to send us a payment of £120 with your application form. Payments must be made in UK Sterling and drawn on a bank based in the United Kingdom (UK). Your payment should be crossed and made payable to Health Professions Council. Please write your full name on the reverse side of your payment and ensure that it is not post-dated.

If you wish to spread the cost of registration please fill in the direct debit instruction. You will need to pay up-front for your first year of registration by sending us a cheque/money order for £60. The remainder of your fee will be deducted from your bank account in two £30 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

#### Please note:

For security reasons, HPC does not accept cash payments. If you try to make a payment in cash at the HPC you will be directed to the nearest post office where you can obtain a postal order.

#### Section 6 Character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- Civil servant (permanent)
- A regulated health professional (eg dentist/doctor/nurse)
- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

The person who gives the character reference must have known the applicant for at least three years and must not be a relative of the applicant. Some applicants therefore ask their doctor to complete their character reference as well as their health reference. Whether the doctor feels sufficiently informed and/or whether they are willing to complete the character reference is the decision of the doctor.

#### Important points:

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

#### After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health reference and send it in to us with the rest of your application.

#### Section 7 Health reference

#### All applicants must provide a health reference

Only a doctor registered with the appropriate regulatory body can complete a health reference. The referee must sign and date the form on the understanding that it is illegal for them to provide a false reference. The referee must either have been your registered medical practitioner for at least three years or have examined your medical records for this period and cannot be related to you. A referee who cannot provide a reference on either basis may do so after physically examining you.

#### **Important points:**

- The health reference must be completed on a HPC health reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your health reference form. Any costs incurred will have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and
  provide their practice address. All references must be completed by the referee, returned to
  you in a sealed envelope and forwarded with your application form to us. They must have the
  original signature of the referee. We cannot accept faxed, photocopied or emailed copies of
  reference forms.
- We do not need a consent letter from you for a registered medical practitioner to release information. When you give your referee the health reference form you are giving your consent for them to complete this document.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted.

#### After you've obtained your health reference

When your doctor has completed your health reference, it should be returned to you. Keep this with your character and clinical references and send it in to us with the rest of your application.

If your doctor has provided us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

#### If your doctor will not sign your reference

Your doctor may not be able to sign your reference. If so, you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

If your medical records are not available then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

We have published a detailed document called 'Information about the health reference'. This has been written for people who have more questions about the health reference, and it contains information for applicants and for doctors. You may find this document useful if you have a health condition, if you are disabled or if your doctor has asked you questions about the health reference. The document is available on our website at: www.hpc-uk.org/publications

### Appendix: other helpful information

#### **Our standards**

Please read the following two documents before submitting your application:

- Standards of conduct, performance and ethics
- Standards of proficiency

Copies of these documents can be found on our website at www.hpc-uk.org or by contacting us directly. Please see page one for our contact details.

#### **Continuing professional development**

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

#### How to keep your name on the Register

Once you have been registered, you will need to renew your registration every two years. To make sure your name stays on the Register, we must receive:

- your registration fee;
- your signed professional declaration; and
- if you are randomly selected, your CPD audit information.

We will send you a registration renewal form around three months before your registration expires.

Int. Aud.

RD: None

Date

## Data protection policy

Data protection statement to be inserted here.

## Useful terms

Agencies – may be any third party but would usually be a commercial business that makes money (by commission) on placing applicants in employment for a fee charged to the employer. If you choose to use an agency you should make sure they are reputable. Responsibility for your application remains with you and you must provide an address where you can be sure to receive correspondence from us.

**Appeals** – if your application is unsuccessful you have a right to appeal the assessors' decision. If you believe the decision is wrong and you believe you meet the Standards of proficiency and the standards of conduct, performance and ethics you must establish your grounds for appeal (ie why you believe the decision to be wrong) and follow the appeals procedure. Information on this will be sent to you in the case of an unsuccessful application.

**Applicant** – the person making the application for entry to the Register.

**Continuing professional development** – any activity which serves to maintain or improve upon professional knowledge and practice. Once registered you are required to record what CPD you undertake (see HPC publication 'Continuing professional development and your r

**Declaration** – this is the declaration you sign as part of the application form. You are signing to confirm each of the four elements of the declaration. This declaration is legally binding and you should only sign it if you are sure the information you are providing is correct.

**Home address** – the address of your main or only residence. This should be an address where you can be sure to receive correspondence from HPC as we may need to contact you regarding your application.

**HPC** – Health Professions Council

**Health Professions Order 2001** – the legislation that governs the registration process and confers the responsibilities and authority to the HPC to apply and administer the registration process.

#### Relative

The term is broadly defined by the HPC (Registration and Fees) Rules 2003 as follows:

- (a) his spouse;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse; or
- (c) the spouse of any relative mentioned in paragraph (b) and or for the purposes of deducing any such relationship 'spouse' includes a former spouse, a partner to whom the person is not married, and a partner of the same sex.

Work address – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eg chiropodist) then this may be the address where your practice is based. Only the area will be available to view on the public Register so your privacy and security remains protected.

Status

Draft

Please read the guidance notes before completing this form. UK application for registration (for applicants who hold an approved UK qualification) **UK** Registration Department 184 Kennington Park Road, London, SE11 4BU Lo-call number (if calling from UK) 0845 3004 472 or 020 7840 9802 www.hpc-uk.org #=7registration@hpc-uk.org Before completing your application form you will need to read the guidance notes for UK applicants and the Standards of proficiency. Please complete this form in BLOCK CAPITALS using a black pen. Your title  $\square$  Mr  $\square$  Mrs  $\square$  Miss  $\square$  Ms  $\square$  other (please specify)  $\square$   $\square$ Your first name Your surname/family name L Your profession  $\Box\Box\Box$ Please make a photocopy of your application for your own records. Please send your application by registered or recorded delivery if you want to be certain of delivery. Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you. **Checklist** – please check to ensure you have enclosed the following items with your Please tick application ① A completed application form ② A 'Paying your fees' form with appropriate payment ③ A completed, signed and dated HPC character reference form  $\Box$  A completed, signed and dated HPC health reference form © A certified copy of your qualification certificate(s) (unless you qualified in the last 12 months) © A certified copy of your passport, national identity card, DVLA/EEA driving П license **or** EU photo identity card (just the page with the Identity details and photograph is required) ② A legible certified copy of your birth certificate/adoption certificate or other appropriate evidence (see guidance notes) ® Certified evidence of any change of name (if applicable) Please also check that you have **not**: • stapled any part of your application (applications are scanned and staples damage the scanner) 2 placed your application in a folder, binder or plastic/paper wallet 3 included any original documents (except the certificate of competence and the certificate of attainment) • included any document or item which you need to be returned (completed 

application forms remain the property of HPC)

Your payment						
I enclose a cheque/mon						
My account number is D					Attach a recent photograph of yourself here.	
My sort code is					Please do not staple.	
For HPC use only						
Date stamp		Date of reg	gistration		1000	
Amount received £		Registratio	n number			
Application number		Registered	l by:			
Pass list checked: YES/	/NO Checked by:					
Section 1 Degistr	ration dataila					
Section 1 Registr	alion details					
Have you previously	applied for registration with the	he HPC?	Yes 🗆	No		
If yes, please give ye	our application number $\Box\Box$					
I am applying for reg	gistration as a/an (see guida	ance notes	for details	of protected tit	tles)	
☐ Arts th	erapist		Operatin	g department p	ractitioner	
☐ Biome	dical scientist		Paramed	lic		
☐ Chirop	odist/podiatrist		Physioth	erapist		
☐ Clinica	al scientist		Prostheti	st/orthotist		
☐ Dietitia	an		Radiogra	pher		
☐ Occup	ational therapist		Speech a	and language th	nerapist	
☐ Orthop	otist					
If you have chosen arts therapist please cross the box(es) relevant to you						
☐ Art the	erapist		Art psych	notherapist		
☐ Drama	atherapist		Music the	erapist		
If you have chosen p	prosthetist/orthotist please cro	ss the box	(es) releva	ant to you		
Prosth	•		Orthotist			
If you have chosen r	radiographer please cross the	box(es) re	elevant to	you		
☐ Therap	peutic radiographer		Diagnost	ic radiographer	,	

	ig for registration as a cli applicable to your practio		se give details of the modality or
	diology		Cellular science
_	nical biochemistry		Embryology
☐ Clir	nical genetics		Haematology
_	nical immunology		Histocompatibility and immunogenetics
_	nical microbiology		Medical physics and clinical engineering
	nical physiology		Other (please state)
Section 2 Conf	act details		
Previous name (i			
Date of birth (DD	MMYYYY) I		
Nationality			
National Insurance	ce number (if applicable)		
Country of birth			
Town/city of birth			
Gender		☐ Male ☐ Fema	le
Home contact d	etails		
House/flat number	er 🗆 🗆 🗆 🗆 🗆 🗆		
Street name			
Town/city			
County/state			
Postcode/zipcode	• <b>             </b>		
Country			
Telephone numb	er 🗆 🗆 🗆 🗆 🗆		
Mobile number			
Email address			
Work contact de	etails		
Department			
Organisation			
Street name			
Town/city			
County/state			
Postcode/zipcode	• 000000		
Country			
Telephone numb	er 🗆 🗆 🗆 🗆 🗆		
Mobile number			

Email address				
Section 3 Charac	ter and health se	elf-declarations		
Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge?				
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Have you been disciplined by a professional or regulatory body or your employer?				
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Have you had civil proceedings (other than a divorce/dissolution of marriage) brought against you?				
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Are you suffering from any condition that would affect your ability to practise?				
Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Section 4 Education and training				
Please complete part A or part B below				
(A) If you hold a certificate of competence, certificate of attainment or IHCD certificate  Title of certificate  Date certificate was awarded (DDMMYYYY)				
(B) If you have completed a UK approved course which is not one of those listed in part A  Title of your relevant qualification				
Course start date (D	DMMYYYY) 🗆 🗆			
Course end date (D	DMMYYYY) $\Box\Box$			
Name of educationa	al institution $\Box\Box$			
Street name				
Town/city				
County				
Postcode				

#### Section 5 Declaration of information

- I declare that I have read, understood and will keep to the HPC's standards of conduct, performance and ethics.
- I understand the HPC will only use the information provided in performing its functions under the Health Professions Order 2001 and I authorise the HPC to process my information accordingly.
- I declare that the information given in this form and in any supporting documents is true and accurate.
- I understand that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.
- I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).

Date (DDMMYYYY) LLLLLLL Signature	Date (DDMMYYYY)	Signature
-----------------------------------	-----------------	-----------

## Section 6 Paying your fees - please read the guidance notes on paying your fees

Please	e choose one of the following four options
Optio	n 1 I am applying for registration for the first time and graduated less than two years ago. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £60.
Optio	n 2
	I am applying for registration for the first time and graduated <b>less than</b> two years ago. <b>I wish</b> to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £30.
Optio	n 3
	I am applying for registration for the first time and graduated <b>more than</b> two years ago. <b>I do not</b> wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £120.
Optio	n 4
	I am applying for registration for the first time and graduated <b>more than</b> two years ago. I <b>wish</b> to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £60.
Pleas	e complete the direct debit instruction if you have chosen option 2 or option 4

INSERT DIRECT DEBIT INSTRUCTION AND GUARANTEE HERE

# Section 7 Character reference – this form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of professional standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for grandparenting applicants.

Please return this form to the applicant once complete.

Applicant d	etails
Name	
Address	
Profession	
F1016331011	
I confirm that	t I have:
☐ known th	e applicant for $\square$ years and know of no reason why they should not practise the above
profession w	ith honesty and integrity.
Referee deta	ails
Name□□□	
Occupation	
•	nember of a professional or regulatory body, please provide its name and your
	registration number
Practice or b	usiness address
Telephone	
Please state	capacity in which you know the applicant
Date (DDMM	IYYYY) 🗆 🗆 🗆 🗆 🗆 🗆 Signature

The HPC may make further enquiries of the applicant or referee in order to verify or clarify any part of this reference. Please make sure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

# Referee's guidance on completing the character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of professional standing in the community who is not a relative of the applicant and has known the applicant for three years or more. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- A regulated health professional (eg dentist/doctor/nurse)

- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

Once completed please return the character reference to the applicant to submit with their application.

# Section 8 Health reference – this form is to be completed by your health referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that their health does not impair their fitness to practise. A health reference must be provided on this form by a registered medical practitioner who is not a relative of the applicant.

Please return this form to the applicant once complete.

Applicant de	etails						
Name							
Address							
Referee deta	nils						
Name							
Practice addr	ess						
Telephone nu	umber						
Regulatory bo	ody (if applicable						
Registration r	number (if applicabl	e)					
the applicant' relates; or examined applicant's he relates; or examined	I have: applicant's registered is health does not at the applicant's medical the applicant and a profession to which the applicant and applicant applicant and applicant appli	ffect their abilited their abilited their ability to the am satisfied the first same arm satisfied the first same satisfied the first same arm satisfied the first same satisfied the first same arm satisfied the first same satisfied the first satisfied	ty to practise or at least the practise the applicant the applicant	e the profess nree years a e profession	sion to which nd am satisfi to which the	the applicated that the application	ation
Date (DDMM	YYYY) 🗆 🗆 🗆 🗆 🗆		Signature				
Practice stam	np						

The HPC may make further enquires of the applicant or referee in order to verify or clarify any part of this reference. Please ensure the information you give us is correct, to the best of your knowledge and belief. Making a false claim in relation to an application for registration is a crime.

# Referee's guidance on completing the health reference

#### Information for doctors

This section contains guidance about the information we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to be registered with the HPC. In the UK, the health reference must be completed by a doctor who is registered with the General Medical Council (GMC). However, if the reference is being provided from outside the UK it can be completed by a doctor who is registered with an equivalent regulator in another country.

The doctor must also have been the applicant's doctor for at least three years or must have access to their medical records for the past three years. If this is not possible the doctor can carry out a medical examination in order to complete the health reference.

The doctor must not be a relative of the applicant.

# Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

Your professional opinion should be informed by the fact that any UK employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act 2005.

#### **Fees**

If you or your practice charges a fee for the provision of a reference this is a matter between yourself and your patient. The HPC has an obligation under the Health Professions Order 2001 to obtain the reference from the applicant. This obligation does not extend to paying for the reference and any cost must be met by the applicant.

#### **Further questions**

If you have any further questions there is a document providing guidance to applicants and doctors about filling in the health reference. It can be found on our website at: www.hpc-uk.org/publications

If you require further information please contact us on 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

# Guidance for UK applicants (applicants who hold an approved UK qualification)



UK Registration Department 184 Kennington Park Road, London, SE11 4BU Lo-call number (if calling from UK) 0845 3004 472 or 020 7840 9802

www.hpc-uk.org

₹ registration@hpc-uk.org

These guidance notes are intended to help you complete the application form. They will also help you understand the application process. However, if after reading the guidance notes there is something you do not understand please contact us.

## Introduction

- About the Health Professions Council (HPC)
- How we are run
- About registration
- Applying for registration
- Meeting our standards
- Protected titles

# About this guidance

- Applying through the UK application process
- Returners to practice
- General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Photographic identification
- Birth certificate
- Certified documents
- Translation of documents

# **Outcomes of an application**

- Incomplete applications
- Successful applications
- Rejected applications
- Fraudulent applications
- The appeals process

# Section 1 Registration details

Previous applications

# Section 2 Contact details

# Name change

- Home address
- Work address
- Agencies

# Section 3

# Self-declarations

- Character
- Health

#### Section 4

# **Education and training**

- If you hold a qualification obtained from a HPC approved course
- Applying for registration as a biomedical scientist or clinical scientist
- Applying for registration as a paramedic

#### Section 5

#### **Declaration of information**

#### Section 6

# Paying your fees

- Registration cycle
- Applying as a new graduate
- Free period
- Applying if you qualified more than two years ago

#### Section 7

Character reference

#### Section 8

Health reference

# Appendix: other helpful information

- Our standards
- Continuing professional development
- How to keep your name on the Register

# **HPC** data protection policy

#### **Useful terms**

# Introduction

#### **About the HPC**

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists/podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners

- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/orthotists
- Radiographers
- Speech and language therapists

#### How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

# **About registration**

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Registration shows you meet our standards for your profession. Registration shows the public that health professionals are fit to practise and they are entitled to use the protected title/s for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is 'fit to practise', we mean they have the skills, knowledge, character and health to do their job safely and effectively.

# **Applying for registration**

Completing an approved course does not guarantee someone will become registered. It shows us the applicant meets our professional standards and is eligible to apply for registration. We need additional information from them in order to be able to register them.

The information provided by applicants helps us to know that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

#### **Meeting our standards**

Everyone on our Register must meet the standards of proficiency we have set. The standards of proficiency are the professional standards which health professionals must meet in order to be registered. If you need a copy in an alternative format, please contact us. Our contact details can be found at the front of this form.

The standards of proficiency are made up of generic standards, which all registered health professionals must be able to meet, and profession-specific standards, which only apply to one profession.

#### **Protected titles**

Each of the professions we regulate has at least one protected title. Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Part of Register	Sub-section	Title
Arts therapist	Art therapist	Art psychotherapist
•	Dramatherapist	Art therapist
	Music therapist	Dramatherapist
		Music therapist
Biomedical scientist		Biomedical scientist
Chiropodist/podiatrist		Chiropodist
		Podiatrist
Clinical scientist		Clinical scientist
Dietitian		Dietitian
		Dietician
Occupational therapist		Occupational therapist
Operating department		Operating department
practitioner		practitioner
Orthoptist		Orthoptist
Paramedic		Paramedic
Physiotherapist		Physical therapist
		Physiotherapist
Prosthetist/orthotist	Prosthetist	Prosthetist
	Orthotist	Orthotist
Radiographer	Diagnostic radiographer	Radiographer
	Therapeutic radiographer	Diagnostic radiographer
		Therapeutic radiographer
Speech and language therapist		Speech and language therapist
		Speech therapist

# About this guidance

#### Applying through the UK application process

The UK application form is for those who have a certificate of competence, certificate of attainment or IHCD certificate or who have qualified with a different, approved qualification.

### **Returners to practice**

If you qualified more than two years ago and have been out of practice for more than two years you will need to undertake a period of updating your skills and knowledge before you can become reregistered. As well as the main application form, you must also complete the relevant return to practise forms which can be found on our website at: www.hpc-uk.org/apply

#### General information on completing the forms

To make sure we can process your form, please complete it in black ink and block capitals. Please mark boxes with a cross. If you run out of space please continue on a separate piece of paper. You must answer all the questions as fully as possible. If you qualified over two years ago and have not practised your profession, you also need to complete the return to practice requirements and submit the relevant forms to tell us about your updating period.

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents. A document may be certified by a solicitor, commissioner for oaths, justice of

the peace, notary public or in the case of a qualification certificate, by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

## Sending us your application

Please send your application when you are ready to start practising your profession and/or using the protected title(s). Your application should be sent to the UK Registration Department at the contact address on the front of this form. If you are newly qualified, you should not send your application until you have received confirmation of your qualification. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned. If you cannot be registered your fee will be refunded and you will be notified in writing.

#### What happens next?

The average processing time for applications is between seven and ten working days. This time may vary depending on the volume of applications received. Once we have processed your application our on line Register is immediately updated. It is the best way for you to check you are registered and for your employer to verify your registration status. The Register can be viewed at: www.hpcheck.org To view our privacy statement, please refer to the website: www.hpc-uk.org/privacy

#### Contact us

If you cannot find the answer to your query in these guidance notes please contact us. Please see page one for our contact details.

## Photographic identification

We ask applicants to provide us with legible certified photocopies of any one of the following documents:

- your passport
- your national identity card; or
- your DVLA/European driving license or EU photo identity card

We ask you to provide an up-to-date passport photograph. Please write your name and date of birth on the back of it. This will help us match your photograph to your application should it separate. Please do not staple any part of the form.

#### Birth certificate

We ask you to provide us with a legible certified photocopy of your birth or adoption certificate. If you do not have one, we will accept other appropriate evidence. If you were born in the UK and have lost your birth certificate you can contact www.statistics.gov.uk for a replacement. Indian nationals applying for registration may provide their secondary school leaving certificate as an alternative.

#### **Certified documents**

The documents submitted should be certified by a solicitor, commissioner of oaths or justice of the peace. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

#### **Translation of documents**

If the documents you submit with your application are not in English, you must provide us with a translation. We recommend you approach your consulate for advice on finding an official translator. If this is not possible, we will accept the documents you have translated, providing you have them authenticated by a lawyer, solicitor, commissioner for oaths or justice of the peace.

#### Please note:

- All completed application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.

- Please make sure your correspondence details are kept up to date.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible.
   Please do not make any arrangements or incur any expenses which depend upon the approval of your application with us. We will not accept liability for any loss or expenses incurred as a result of the above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

# Outcomes of an application

## Incomplete applications

If your application is incomplete we will return it to you and ask you to resubmit it. Please do not send individual documents separate from your application as these will be returned to you. We will use the information you provide for a number of purposes. This can include contacting organisations and individuals named in your application, including professional bodies, universities, places of work and referees.

# Successful applications

If your application is successful, we will

- put your name on the online Register;
- send you a letter on the day we register you; and
- send you a registration certificate and authentication card.

With your name on our Register you will be able to practise using the relevant title(s) of your profession.

The publicly available Register shows:

- Name
- Registration number
- Profession of registrant
- Duration of current registration
- Approximate geographical area in which the registrant practises (eg Guildford). It does not show your full address.

#### Rejected applications

Your application may be rejected if we believe you do not meet our standards of proficiency or our health and character requirements. Please note your application can only be assessed based on the information you provide with your form. If your application is rejected you can appeal against the decision. You may also reapply, submitting a new form, supporting documents and registration fee.

## Fraudulent applications

If you falsify information about your identity or any other aspect of your application, we will suspend your application pending an investigation. Please remember it is illegal to fraudulently obtain registration with the HPC. If you do this you will be subject to prosecution.

## The appeals process

If your application is rejected you have 28 days following the letter rejecting your application to appeal the decision. If you tell us you with to appeal the decision we will then provide you with further information on the appeals process.

# Section 1 Registration details

# **Previous applications**

If you have previously applied for registration with us or with our predecessor, the Council for Professions Supplementary to Medicine (CPSM) please tell us:

- your application number;
- when you applied (an approximate date if you cannot remember exactly);
- the type of application you made eg UK, international, grandparenting; and
- any further information eg you withdrew your application.

# Section 2 Contact details

It is essential that your personal contact details are kept up to date. This is a requirement of the Health Professions Order 2001. For security reasons we are unable to accept changes of personal details by email.

## Name change

All name changes must be made in writing. Please also send us a certified photocopy of the relevant document (eg marriage certificate).

#### **Home address**

We ask you to give us your main home address. This address is not published on the publicly available register, but is required by us for all HPC correspondence. You can change your address over the telephone or by writing to us.

#### Work address

The work address you give us should be for your main place of work. Members of the public will be able to see on our Register the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

If you change either your home or work address during the application process or at any point thereafter, you must notify us.

## **Agencies**

All correspondence from the HPC will be sent to the applicant only. This means you must provide a home address and not the address of an agency. Please be aware if you provide an agency address your application will be returned to you.

# Section 3 Self-declarations

#### Character

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important that you declare to us any convictions, police cautions or convictions for which you have received a conditional discharge. Failure to do so may result in an investigation which could lead to you being removed from the Register.

#### Health

You are also asked to provide us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If you declare a health and/or character issue this could be considered by a panel to determine whether you are eligible for registration.

# Section 4 Education and training

#### Applying as a biomedical scientist, clinical scientist or paramedic

If you do not hold an approved qualification you need to provide the following certificates:

- Clinical scientists original ACS Certificate of Attainment
- Biomedical scientists original IBMS Certificate of Competence
- Paramedic certified copy of your IHCD certificate

# Applying if you have completed a UK approved course which is not one of the above

Please tell us the title of your relevant qualification, the start and end dates of your course and the name of the educational institution you attended. You do not need to send us a copy of your qualification certificate unless you qualified more than two years ago.

If you qualified more than two years ago and you have not been practising you will be subject to additional requirements. For more information, please see details on our website at www.hpc-uk.org/apply/uk/historical/

# Section 5 Declaration of information

HPC can only process your application if you have signed this declaration. You should make sure that you fully understand the declaration before signing it. It is illegal to fraudulently procure an entry onto the HPC Register. If you do this, you will be subject to prosecution.

# Section 6 Paying your fees

# **Registration cycle**

Your registration cycle is biennial (two-yearly) and is made up of two 'professional years'. The table towards the end of this section details the professional years for each profession we regulate.

## Applying as a new graduate

If you graduated from a UK approved course within the last two years you are entitled to a 50% discount for the first two-year registration cycle. Your initial registration payment for the first two professional years is £60 (£30 per year).

Before you send us your application you need to decide whether you wish to pay the full registration fee or wish to spread the cost by paying by direct debit.

If you do not wish to set up a direct debit you will need to pay in full by cheque or money order. You need to send us a payment of £60 with your application form. Payments must be made in UK Sterling and drawn on a bank based in the United Kingdom (UK). Your payment should be crossed and made payable to 'Health Professions Council'. Please write your full name on the reverse side of your payment and ensure that it is not post-dated.

If you wish to spread the cost of registration please fill in the direct debit instruction. You will need to pay up-front for your first year of registration by sending us a cheque/money order for £30. The remainder of your fee will be deducted from your bank account in two separate £15 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

## Free period

If you are registered for less than six months before the start of the next professional year, you will receive this period free of charge. You still need to send a payment with your application but this will be used in payment for the first full professional year. If you apply at any other time, you will be charged at the reduced rate for this period in addition to the following two full professional years.

# Applying if you qualified more than two years ago

The full registration fee is payable if you apply to be registered at any point in the professional year, even if only for a few days. If you do not need registration immediately in order to work, you may wish to check when your new professional year starts and apply for registration at the start of a new professional year. The table below shows the professional years for each profession we regulate.

Arts therapists 1 June – 31 May

Biomedical scientists 1 December – 30 November

Chiropodists/podiatrists 1 August – 31 July

Clinical scientists 1 October – 30 September

Dietitians 1 July – 30 June

Occupational therapists

1 November – 31 October
Operating department practitioners
Orthoptists

1 November – 31 October
December – 30 November
1 September – 31 August

Paramedics 1 September – 31 August Physiotherapists 1 May – 30 April

Prosthetists/orthotists 1 October – 30 September Radiographers 1 March – 28 February Speech and language therapists 1 October – 30 September

Before you send us your application you need to decide whether you wish to pay the full registration fee or wish to spread the cost by paying by direct debit.

If you do not wish to set up a direct debit you will need to pay in full by cheque or money order. You need to send us a payment of £120 with your application form. Payments must be made in UK Sterling and drawn on a bank based in the United Kingdom (UK). Your payment should be crossed and made payable to 'Health Professions Council'. Please write your full name on the reverse side of your payment and ensure that it is not post-dated.

If you wish to spread the cost of registration please fill in the direct debit instruction. You will need to pay up-front for your first year of registration by sending us a cheque/money order for £60. The remainder of your fee will be deducted from your bank account in two separate £30 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

#### Please note:

For security reasons, HPC does not accept cash payments. If you try to make a payment in cash at the HPC you will be directed to the nearest post office where you can obtain a postal order.

# Section 7 Character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This would usually mean that the referee should be practising a recognised profession that is registered or otherwise regulated. Such professions would include (but are not limited to):

- Accountant
- Any person already registered with the HPC
- Bank manager
- Barrister
- Chairman/Director of a limited company
- Commissioner of oaths
- Local councillor
- Civil servant (permanent)
- A regulated health professional (eg dentist/doctor/nurse)
- Justice of the peace
- Local government officer
- Member of Parliament
- Minister of a recognised religion
- Officer of the armed forces (active or retired)
- Principal (or other person authorised by the principal) of an educational institute
- Salvation army officer
- Solicitor

The person who gives the character reference must have known the applicant for at least three years and must not be a relative of the applicant. Some applicants therefore ask their doctor to complete their character reference as well as their health reference. Whether the doctor feels sufficiently informed and/or whether they are willing to complete the character reference is the decision of the doctor.

#### Important points:

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

#### After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health reference and send it in to us with the rest of your application.

# Section 8 Health reference

## All applicants must provide a health reference

Only a doctor registered with the General Medical Council (GMC), or the appropriate regulatory body if outside the UK can complete a health reference. The referee must sign and date the form on the understanding that it is illegal for them to provide a false reference. The referee must either have been your registered medical practitioner for at least three years or have examined your medical records for this period and cannot be related to you. A referee who cannot provide a reference on either basis may do so after physically examining you.

#### Important points:

- The health reference must be completed on a HPC health reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your health reference form. Any costs incurred will have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and provide their practice address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We do not need a consent letter from you for a registered medical practitioner to release information. When you give your referee the health reference form you are giving your consent for them to complete this document.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted.

#### After you've obtained your health reference

When your doctor has completed your health reference, it should be returned to you. Keep this with your character reference and send it in to us with the rest of your application.

If your doctor has provided us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

# If your doctor will not sign your reference

Your doctor may not be able to sign your reference. If so, you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

If your medical records are not available then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

We have published a detailed document called 'Information about the health reference'. This has been written for people who have more questions about the health reference, and it contains information for applicants and for doctors. You may find this document useful if you have a health condition, if you are disabled or if your doctor has asked you questions about the health reference. The document is available on our website at: www.hpc-uk.org/publications

# Appendix: other helpful information

#### **Our standards**

Please read the following two documents before submitting your application:

- Standards of conduct, performance and ethics
- Standards of proficiency

Copies of these documents can be found on our website at www.hpc-uk.org or by contacting us directly. Please see page one for our contact details.

## **Continuing professional development**

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

## How to keep your name on the Register

Once you have been registered, you will need to renew your registration every two years. To make sure your name stays on the Register, we must receive:

- your registration fee;
- your signed professional declaration; and
- if you are randomly selected, your CPD audit information.

We will send you a registration renewal form around three months before your registration expires.

# Data protection policy

Data protection statement to be inserted here.

Status Draft DD: None

# Useful terms

**Agencies** – may be any third party but would usually be a commercial business that makes money (by commission) on placing applicants in employment for a fee charged to the employer. If you choose to use an agency you should make sure they are reputable. Responsibility for your application remains with you and you must provide an address where you can be sure to receive correspondence from us.

**Appeals** – if your application is unsuccessful you have a right to appeal the assessors' decision. If you believe the decision is wrong and you believe you meet the standards of proficiency and the standards of conduct performance and ethics you must establish your grounds for appeal (ie why you believe the decision to be wrong) and follow the appeals procedure. Information on this will be sent to you in the case of an unsuccessful application.

**Applicant** – the person making the application for entry to the Register.

**Continuing professional development** – any activity which serves to maintain or improve upon professional knowledge and practice. Once registered you are required to record what CPD you undertake (see HPC publication 'Continuing professional development and your registration').

**Data protection policy** – this is the HPC's statement of how we apply and comply with the rules contained within the Data Protection Act 1998.

**Declaration** – this is the declaration you sign as part of the application form. You are signing to confirm each of the four elements of the declaration. This declaration is legally binding and you should only sign it if you are sure the information you are providing is correct.

**Home address** – the address of your main or only residence. This should be an address where you can be sure to receive correspondence from HPC as we may need to contact you regarding your application.

**HPC** – Health Professions Council

**Health Professions Order 2001** – the legislation that governs the registration process and confers the responsibilities and authority to the HPC to apply and administer the registration process.

**Relative** – the term is broadly defined by the HPC (Registration and Fees) Rules 2003 as follows:

- (a) spouse;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse; or
- (c) the spouse of any relative mentioned in paragraph (b) and or for the purposes of deducing any such relationship 'spouse' includes a former spouse, a partner to whom the person is not married, and a partner of the same sex.

**Work address** – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eg chiropodist) then this may be the address where your practice is based. Only the area will be available to view on the public Register so your privacy and security remains protected.

# Final renewal form

20050801aREGPUBFinal

Created on

PLEASE TURN OVER

Before completing this form you will need to read the 'How to fill in your registration renewal form' booklet. Please complete this form in BLOCK CAPITALS using a black pen.

Please send your completed forms to:



Please call us on 0845 3004 472 (if calling

UK Registration Department, HPC, Park House 184 Kennington Park Road, London, SE11 4BU	need any help in completing this form
1. Renewal fee	
Name	
Profession	
Your registration number	
You must pay & sign by	
Your balance is	To renew your registration with HPC, you need to
Your renewal fee is	Pay Sign Pay & Sign
You need to pay  All installments will be collected	ed by Direct Debit (Variable)
New direct debit instruction (please check this a new direct debit or if your bank account details)	•
Cheque, postal/money order or bankers draft	for the full amount
2. Professional declaration	
HPC about and which would affect my safe and I continue to meet the HPC's standards for continuation of the HPC's standards for continuation with the HPC register is a criminal offence under the HPC re	ation but have met the HPC's return to practice to fill in your Registration Form" booklet for more sency for the safe and effective practice of my ting to my good character which I have not advised effective practice of my profession.  Inuing professional development.  SIGN THIS DECLARATION. SHOULD CONTACT THE CUMSTANCES.  Ind accurate and understand that fraudulently procuring or Article 39 of the Health Professions Order 2001.
1 IK // .	ank or Building Society Direct Debit
Name and full postal address of your Bank or Building Society	Originator's Identification Number 9 5 2 2 8 8
To the Manager BANK/BUILDING SOCIETY	Reference Number
Address	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.
Postcode Postcode	The amounts are variable and will be debited every six months.  I understand that this instruction may remain with HPC and, if so, details will be passed
Name(s) of Account Holder(s)	electronically to my Bank/Building Society.
	Date D D M M Y Y Y Y
Bank/Building Society Account No.	Signed
Branch Sort Code	Signed declaration Signature
Banks and Building Societies may not accept [	Direct Debit Instructions for some types of account
THIS GUADANTEE SHOULD BE DET	ACHED AND RETAINED BY THE BAYER



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.

Final renewal form

Final renewal form



# Change of contact details

20050	)801a	REGF	UBFi	nal		
						•
Reg	istra	ation	Nu	mbe	er	

3. Current Information These are the details that HPC currently has for you on its records.																																
Home address										٧	Vork	c ad	dre	ess																		
4. Updated information	ion	<b>—</b> If t	he inf	forma	ation in	section	on 3 i	is no	t corr	ect pl	leas	e con	nplete	the	corre	ect de	etails	in th	e bo	kes p	orovio	ded										
Surname/Family Name						Τ	П																									
First Name													Da	ate o	of Bi	irth																
Gender	М		F															D	D		М	М		Υ	Υ	Υ	Υ					
Home address: House/Building Number				П	Т	Т	П	Т	Т		Г	Т																				
Street or Road				T		T	T	İ	T		T	T																				
Address Line 2																																
Town/City																																
County/State																																
Country															Pos	stco	de/Z	ip co	ode													
Work address: Organisation/Hospital					I	Ī	Ī	Ī	Ī			Ī																				
Department/Unit																																
Address																																
Address Line 2																																
Town/City						L	L				L	L																				
County/State						L	L				L	L																				
Country						<u></u>	L	L	L		L	L			Pos	stco	de/Z	ip co	ode													
5. Telephone inform	nati	on																														
Home tel											٧	Vork	tel																			
Home mobile				$\perp$		L					٧	Vork	mob	ile																		
6. Email information	n –	Pleas	se wri	ite us	sing <b>C</b>	APITA	L LE	TTE	<b>RS</b> , ι	ıse a	se	parate	box	for e	each	fulls	stop	(.) an	d the	e at s	symb	ool (@	<b>2</b> )									
To help improve the service of by email, simply leave the s																						e coi	mmu	nicat	ions	from	ı us					
	T	T	T	T	T																											
	T	Ť	Ť	Ť	Ť	П				寸	Ple	ease	indic	ate	whe	ther	this	is a	Wo	ork		Но	me	一	ade	dres	S					
I confirm the above infor	mati	on to	o be	corr	ect					_																						
Date			I	I	I								S	19	na	+	ΛV	e														
D D M	M		Υ '	Υ	Y Y																											

# www.hpc-uk.org

have you checked the HPC website lately?

Online you can find:

- the online register;
  - The fastest, most up to date way for you or your employer to check your registration
- news and updates;
- Information, news releases and updates about the work that we are doing
- the brochure, '10 benefits of registration';
- And all of our other brochures, standards and leaflets ■ information for registrants;
- Including information about renewing your registration ...
- ... and much more

PS, don't forget to:





#### **Contents**

These guidance notes are intended to help you complete the registration renewal form. They will also help you understand the renewal process. However, if after reading the guidance notes there is something you do not understand please contact us.

#### Introduction

- About the HPC
- How we are run

## About this guidance

- Renewing your registration with the HPC
- General information on completing the registration renewal form and change of contact details form

#### Section 1

## Registration renewal fee

- Payment methods
- If you currently pay your fee by direct debit
- Changing to direct debit
- Alternative methods of payment

#### Section 2

# **Professional declaration**

- More about signing your professional declaration
- Returners to practice
- Standards of proficiency
- Character and health
- Continuing professional development

#### Section 3

#### Contact details

- Name change
- Home address
- Work address
- Telephone number(s)
- Email address

#### Section 4

What happens next?

#### Section 5

What happens if we do not receive your payment and/or signed professional declaration

Section 6 What happens if you are no longer practising your profession

Section 7 Contact us

## Introduction

#### **About the HPC**

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behavior and health.

#### How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Being registered with us shows that you meet our standards for your profession. Registration shows the public that health professionals are 'fit to practise' and they are entitled to use the protected title(s) for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is 'fit to practise', we mean they have the skills, knowledge, character and health to do their job safely and effectively.

### About this guidance

## Renewing your registration with the HPC

You need to renew your registration every two years. To make sure that your name stays on the Register, you need to do two things:

- pay your registration fee; and
- send us your signed renewal declaration.

We will not be able to renew your registration unless you do both of these things. Please remember that payment alone is not sufficient to keep your name on the Register.

# General information on completing the registration renewal form and change of contact details form

Before you fill in the renewal form please read this booklet carefully. It is important that you complete the form fully and correctly to avoid it being returned to you.

Please use **black ink** throughout and make sure that each character and your signature are completely within the white boxed areas. This will ensure that our computer equipment can read your information easily and your application can be processed as quickly as possible.

# Section 1 Registration renewal fee

The renewal fee is £120 for two years. If you are a new UK graduate from a HPC approved course, the fee you will pay for the first two 'professional years' is reduced by 50%.

The amount you are required to pay is indicated in section 1 of the renewal form.

## Payment methods

# If you currently pay your fee by direct debit

If we have a direct debit instruction in place for you, this will be indicated on your registration renewal form. If you are happy to continue to pay by this method and you have not changed your account details, you only need to sign the professional declaration and return your form to us.

If your account details have changed, or you no longer wish to pay by direct debit, you must tell us quickly to ensure that we can cancel the instruction. You should also tell your bank.

#### Changing to direct debit

If you wish to spread the cost of registration over the two-year registration cycle, please fill in the direct debit instruction. Your fee will be deducted from your bank account in four separate instalments of £30 (or less for the first two years if you are receiving the reduced rate). You will have received a letter with your renewal form which tells you the dates the amounts will be deducted from your bank account. You can also find out the dates for your profession on our website: www.hpc-uk.org

#### Alternative methods of payment

If you prefer, you can pay your fee by cheque, money/postal order or by bankers draft. Please send us the **full amount** as requested on your renewal form. Payments must be made in UK sterling and drawn on a bank based in the United Kingdom (UK). Your payment must be crossed and made payable to 'Health Professions Council'. Please write your full name and HPC registration number on the reverse side of your payment and ensure that it is not post-dated.

You should allow at least five working days for your payment to reach us (ten working days if sending from outside the UK).

#### Section 2 Professional declaration

You must sign a professional declaration once every two years in order to stay registered. By signing the professional declaration you are confirming that you have:

- continued to practise your profession since your last registration; or
- not practised your profession since your last registration but have met the HPC's return to practice requirements.

You must indicate which applies to you by putting a cross in one of the two boxes.

You are also confirming that:

- You continue to meet the HPC's standards of proficiency for the safe and effective practice of your profession;
- There have been no changes to your health or relating to your good character which you have not advised HPC about and which would affect your safe and effective practice of your profession; and
- You continue to meet the HPC;s standards for continuing professional development.

You must confirm each of the above statements by putting a cross in each box.

If you cannot sign any part of the declaration you should contact the Registrar in writing, explaining your circumstances.

# More about signing your professional declaration

The declaration is in several parts, each of which is explained here in more detail.

#### Returners to practice

We ask you to confirm whether or not you have practised your profession since you last renewed your registration.

For the purposes of renewing your registration, or determining whether our return to practice requirements need to be met, we have defined 'practising your profession' as drawing on your professional skills and/or knowledge in the course of your work. For example, if you are working in education, management or research, you are still practising your profession.

If you have been out of practice for more than two years you will need to undertake a period of updating your skills and knowledge before you can become re-registered. You must complete the relevant return to practice forms which can be found on our website at: www.hpc-uk.org/apply

## Standards of proficiency

You will find copies of the standards of proficiency on our website: www.hpc-uk.org

#### Character and health

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important that you declare to us any convictions, police cautions or convictions for which you have received a conditional discharge. Failure to do so may result in an investigation which could lead to you being removed from the Register.

You must also provide us with information about your health that may affect your practice. This does not necessarily mean that we will not renew your registration. Instead, we will consider the information provided to decide whether we need to ask a registration panel to determine whether your registration can be renewed.

## **Continuing professional development**

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm that you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

#### **Section 3 Contact details**

It is essential that your personal details are kept up to date. This is a requirement of the Health Professions Order 2001. On the reverse side of the renewal form, we print the current home and work address that we have for you. If either address is incorrect or has changed, you must write your correct address in the space provided. Remember, it's important that you write clearly ensuring that you stay within the white boxes.

#### Name change

If you have changed your name you must indicate this in the space provided. You must also send us a certified photocopy of the relevant document (eg marriage certificate).

#### **Home address**

We ask you to give us your main home address. This address is not published on the publicly available Register, but is required by us for all HPC correspondence.

#### Work address

The work address you give us should be for your main place of work. Members of the public will only be able to see the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address.

## **Telephone number(s)**

Please provide us with your contact telephone numbers.

#### **Email address**

To help improve the service we provide to you, please tell us your email address. If you do not wish to receive communications from us by email, simply leave the space blank.

# Section 4 What happens next?

The average processing time for renewal applications is between five and seven working days. This time may vary depending on the volume of renewal forms received. Once we have processed your renewal form and payment our online Register is immediately updated to show your new registration dates. The Register is in real-time and is the best way for you and your employer to verify your registration status. The Register can be viewed at: www.hpcheck.org

# Section 5 What happens if we do not receive your payment and/or signed professional declaration

You need to be registered with us in order to practise your profession and to use the protected title(s).

If we do not receive your payment and renewal form by the date given, your registration will be lapsed. Your name will no longer appear on the HPC Register and you will not be able to use the protected title(s) for your profession. We will write to you to tell you that your registration has lapsed. We will also write to your employer.

If you want to be registered again, you will need to complete a readmission form. You can find out more about this process on our website at: www.hpc-uk.org/apply

# Section 6 What happens if you are no longer practising your profession

If you do not need to be registered with us, you can make an application for the removal of your name from the Register. This application must be made in writing and should be accompanied by a declaration stating that you are not aware of any matter which could give rise to an allegation being made against you.

If you do not wish to renew your registration, and you currently pay your fee by direct debit, you must call us before the first instalment date. You must also tell your bank that you wish to cancel the direct debit instruction. This will ensure that the amount is not deducted from your bank account.

## **Section 7 Contact us**

Before you contact us you may find it helpful to look at our website: www.hpc-uk.org. If you cannot find the answer to your query in these guidance notes or on our website, please contact us:

Phone: Monday – Friday, 8am-6pm

0845 3004 472 (if calling from the UK)

+44 (0)20 7840 9802 (if calling from outside the UK)

Email: registration@hpc-uk.org

Post: UK Registration Department

Health Professions Council

Park House London SE11 4BU