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>	
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<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 y tion. Please list most recent first.	ou are
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	nber — — — — — — — — — — — — — — — — — — —	
employment)	te (DDMMYYYY)  LLLLL (leave blank if you are please tell us about your main duties and responsibilities.	still in this
employment)		still in this
employment)		still in this
employment)		still in this
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.	

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	
	date (DDMMYYYY)   Output  Outp
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 departs to applicant known to you (eg employee, student, volunteer):					
lab title/position of t	the applicant				
Job title/position of the applicant					
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 acceptant treatment and evaluation matheds 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
Date	(351111111)	Signatare

## 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	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:					
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

DCB

Status

Draft DD: None Int. Aud.

RD: None

Public

## 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.

## 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.