
Education and Training Committee – 13 September 2012

New readmission application form

Executive Summary and Recommendations

Introduction

This paper provides an explanation of the improved process for registrants who have lapsed from the Register following an invitation to renew or have lapsed as a result of non – payment.

Decision

The Education and Training Committee (ETC) is requested to recommend that Council approve the attached new readmission application form (Appendix A).

Background information

Currently registrants who wish to return to the Register after lapsing following a renewal period or as a result of non - payment are required to complete a nine page readmission application form.

In support of this application the HCPC request:

- A completed, signed and dated HCPC character reference form;
- Certified copies of two appropriate documents to confirm identity;
- Certified evidence of any change of name (if applicable); and
- Relevant return to practice forms (if applicable).

All the necessary forms and guidance are available for applicants to download from the HCPC website.

It is proposed that when the registration lapsing letters are sent to registrants who have not renewed their registration during a renewal period or have lapsed as a result of non – payment, a new two sided readmission application form (Appendix A) is included with the lapsing letter. This application form will be pre-printed with the lapsed registrant's details i.e. name, address. The new duplex form will provide applicants with the ability to provide:

- A completed, signed and dated HPC character reference form; and
- Certified evidence of any change of name (if applicable).

The new readmission application form will be processed using the image and character recognition software already utilised by the Registration Department to

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Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2012-08-30	a	REG	PPR	ETC – New readmission application form	Final DD: None	Public RD: None

process paper renewal application forms. This will reduce the need for Registration Advisors to manually input readmission applications to the registration database (NetReg).

The new form will be supplemented by a booklet providing applicants with guidance around completion of the new readmission application form.

As HCPC will be sending the new form to individuals who have recently lapsed at their last known address no proof of identity will be requested as the new readmission application will only be accepted one month from the date of lapsing. Following expiry of this time applicants will be directed to use the existing readmission application form, which can be downloaded from the HCPC website.

The new readmission application form has been reviewed and approved by the Solicitor to the Council. The form will be subject to minor editorial amendments.

Please note the form in Appendix A will be duplex and the actual size will be 210 X 420mm, when implemented.

Resource implications

It is anticipated that this will increase efficiency as the new readmission application form will require 20% of the current time required to process readmission applications. HCPC currently processes around 4,000 readmission applications per annum with this number expected to increase as a result of the transfer of social workers from the GSCC. The 2012 – 2013 Registration Department forecasting model, Registration Department budget and work plan have assumed that the new readmission application form will be operational from the 1 December 2012.

Financial implications

The new readmission application form will require changes to the Registration Department data base (NetReg) and the image and character recognition software (DocXP). A major project has been approved and implemented by the Executive Management Team (EMT) with a budget of £41,665 approved and assigned.

Background papers

Revised Registration Renewal Process, March 2012, Education and Training Committee paper

Appendices

Appendix A – New readmission application form

Date of paper

30 August 2012

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2012-08-30	a	REG	PPR	ETC – New readmission application form	Final DD: None	Public RD: None

Appendix A

Actual Size:
210x420mm



081211 ●

Created on

Readmission application for registration

(for applicants who have previously been registered with HCPC)

PLEASE TURN OVER



Please send your completed form to:
Registration Department, HCPC, Park House,
184 Kennington Park Road, London, SE11 4BU



Please call us on **+44 (0)845 300 4472** if
you need any help in completing this form.

Section 1 Registration renewal fee

Name

Profession

Your registration number

When did you last practise your profession

Section 2 Declaration of information

- I **declare** that my physical and mental health do not impair my fitness to practise the profession to which my application relates.
- I **declare** that I have read, understood and will comply with the HCPC's standards of conduct, performance and ethics.
- I **have** read the data protection information statement set out in the notes which accompany this application form and understand that the HCPC may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes set out in that statement and the HCPC's requirements for continuing professional development (CPD). I understand that my consent is not required for the HCPC to undertake the processing required by the Health and Social Work Professions Order 2001.
- I **consent** to the HCPC processing my personal data for the purposes set out in the information statement which are not required by the Health and Social Work Professions Order 2001. I understand that I may withdraw my consent to the HCPC processing my personal data for any marketing purposes by writing to the HCPC informing it that I am withdrawing that consent.
- I **understand** that fraudulently procuring an entry in the HCPC Register is a criminal offence under article 39 of the Health and Social Work Professions Order 2001.
- I **agree** to pay the fees for my registration using the option chosen by me in Section 4.
- I **consent** to the HCPC contacting any person to gather further information on my application or to confirm the information that I have provided. I consent to any person approached by the HCPC to assist with the evaluation of my application providing the HCPC with any information held by that person in respect of me that the HCPC may request.
- I **confirm** that the information I have provided in this form is correct.

Date

Signed
declaration

Signature

Section 3 Character reference - Referee details

Name

Occupation

If you are a member of a professional or regulatory body, please provide its name and your membership / registration number

Practice or business address

Telephone

Please state capacity in which you know the applicant

Email address

- I confirm that I have known the applicant for at least **three years** and know of no reason why they should not practise the above profession with honesty and integrity. •
- The HCPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.
- The HCPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HCPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.
- By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date

Signature

Section 4 Paying your fees

Please choose one of the following four options.

- Option 1** I am applying for readmission within one month of the date my name was lapsed from the Register. I **wish** to pay future fees by direct debit. I enclose a direct debit instruction (**overleaf**) and a cheque / money order for the amount of **£76**.
- Option 2** I am applying for readmission within one month of the date my name was lapsed from the Register. I **do not** wish to pay future fees by direct debit. I enclose a cheque / money order for the amount of **£152**.

www.hcpc-uk.org

Have you checked the HCPC website recently?

- check the online Register (the fastest way for you or your employer to check your registration status in real time);
- find information about renewing your registration and continuing professional development (CPD);
- download or request copies of our publications (including all of our standards);
- find news and updates (including information on consultations); and subscribe to our e-newsletter.

Actual Size:
210x420mm

Appendix A



Change of contact details

0812A2 ●

Registration number

PLEASE TURN OVER

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Section 5 Contact details these are the details that HCPC currently has for you on its records

Home address	Work address
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Updated information – If the information printed above is not correct please complete the correct details in the boxes provided

Surname / family name	<table border="1" style="width: 100%; height: 15px;"></table>	
First name	<table border="1" style="width: 100%; height: 15px;"></table>	
Home address:		
House / building number	<table border="1" style="width: 100%; height: 15px;"></table>	
Street or road	<table border="1" style="width: 100%; height: 15px;"></table>	
Address line 2	<table border="1" style="width: 100%; height: 15px;"></table>	
Town / city	<table border="1" style="width: 100%; height: 15px;"></table>	
County / state	<table border="1" style="width: 100%; height: 15px;"></table>	
Country	<table border="1" style="width: 60%; height: 15px;"></table>	Postcode / zip code <table border="1" style="width: 40%; height: 15px;"></table>
Telephone number	<table border="1" style="width: 100%; height: 15px;"></table>	
Email address	<table border="1" style="width: 100%; height: 15px;"></table>	
Work address:		
Organisation / hospital	<table border="1" style="width: 100%; height: 15px;"></table>	
Department / unit	<table border="1" style="width: 100%; height: 15px;"></table>	
Address	<table border="1" style="width: 100%; height: 15px;"></table>	
Address line 2	<table border="1" style="width: 100%; height: 15px;"></table>	
Town / city	<table border="1" style="width: 100%; height: 15px;"></table>	
County / state	<table border="1" style="width: 100%; height: 15px;"></table>	
Country	<table border="1" style="width: 60%; height: 15px;"></table>	Postcode / zip code <table border="1" style="width: 40%; height: 15px;"></table>
Telephone number	<table border="1" style="width: 100%; height: 15px;"></table>	

Section 6 Character and health self declarations / Vetting and Barring Schemes

We must check the health and character of everyone that applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action against a registrant if their health and / or character raises concerns about their ability to practise safely and effectively. Please read the accompanying guidance notes carefully before completing this section. If your answer to any of the questions below is **yes**, please indicate by placing a cross in the appropriate box and give details on a separate sheet.

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?

Have you been disciplined by a professional or regulatory body or your employer?

Have you had civil proceedings (other than a divorce / dissolution of marriage or civil partnership) brought against you?

Do you have any physical or mental health condition that would impair your fitness to practise the profession to which your application relates?

Are you or have you ever been barred under the Safeguarding Vulnerable Groups Act 2006 and / or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with: Children and / or Vulnerable adults

PLEASE DO NOT DETACH THE DIRECT DEBIT MANDATE



Instruction to your bank or building society to pay by direct debit



Name and full postal address of your bank or building society	Originator's identification number
To the manager	9 5 2 2 8 8
Bank / building society	Reference Number <table border="1" style="width: 100%; height: 15px;"></table>
Address <table border="1" style="width: 100%; height: 15px;"></table>	Instructions to your bank / building society Please pay HCPC direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. The amounts are variable and will be debited every six months. I understand that this instruction may remain with HCPC and, if so, details will be passed electronically to my bank / building society.
Postcode <table border="1" style="width: 100%; height: 15px;"></table>	
Name(s) of account holder(s) <table border="1" style="width: 100%; height: 15px;"></table>	Date <table border="1" style="width: 100%; height: 15px;"></table>
Bank / building society	D D M M Y Y Y Y
Account number <table border="1" style="width: 100%; height: 15px;"></table>	Signed declaration <table border="1" style="width: 100%; height: 15px;"></table>
Branch sort code <table border="1" style="width: 100%; height: 15px;"></table>	

Banks and building societies may not accept direct debit instructions for some types of account

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER

The direct debit guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit HCPC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request HCPC to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by HCPC or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when HCPC asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.