	Please re	ad th	e guidanc	e notes	before	comp	leting	this fo	rm.		
Readmission registered)	application	for	registrati	on (fo	r appl	icants	who	have	previo	ously	been
la:					="	184 Ken	nington	Park Ro	ad, Lond	don, SE	11 4BU
health professions council					<b>☎</b> Lo-c	all numb	er (if cal	ling from		020 784	10 9802
										ww.hpc	Ū
								≢≡7re	egistratio	on@hpc	-uk.org
Before comple applicants and using a black p	the Standard		•	,				_			
Your title Mr	Mrs Mi	iss 🗆	l Ms □ o	ther (ple	ease sp	ecify) I					
Your first name		┚□┖									
Your surname/fa	amily name   [	חחר						$\neg \sqcap \sqcap$			П
											$\overline{}$
Your profession											
		الاال		الالالا	┙⊔∟	J L L L	ШШ	ШЦЦ	JLLL	االا	Ш
Please make a application by	• • • •	_			_					send	your
Please make su	ire vou have i	nalii									
do so will resul							ith yo	ur app	licatio	n. Faili	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	to you					Please	e tick
Checklist - plea application	ase check to er application forn	nsure nsure n th app	you have e	eturned enclosed ayment	to you	llowing				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 on propriate particular propriate particul	enclosed ayment ter refer	to you the fo	llowing				Please	e tick
Checklist - plea application  ① A completed a ② A 'Paying you ③ A completed, ④ A completed, ⑤ A legible certi	ase check to er application form ir fees' form with signed and dat signed and dat ified copy of yo	nsure  m th apple ted H ted H our pa	you have encorporate parts of the parts of t	enclosed enclosed eyment ter refer reference ional ide	to you define the formation of the forma	llowing	items	with yo	ur g	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 ir fees' form with signed and dat signed and dat ified copy of yo	nsure  m th apple ted H ted H our pa	you have encorporate parts of the parts of t	enclosed enclosed eyment ter refer reference ional ide	to you define the formation of the forma	llowing	items	with yo	ur g	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 or propriate parts of the page	enclosed ayment ter refer reference ional ide	ence formentity case identi	orm ard, DV	items  LA/EE	with yo  A drivin photog	ur g	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 form wire fees' form wire signed and date signed and date ified copy of your of the copy of your o	nsure  m th apple ted H ted H bur pa rd (ju	you have on propriate participate participate participate page the certificate participate page to proper the certificate participate part	enclosed ayment ter refer reference ional ide	ence formentity case identi	orm ard, DV	items  LA/EE	with yo  A drivin photog	ur g	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 en application form ur fees' form wir signed and dar signed and dar fied copy of you noto identity carried copy of you lence (see guidense copy of your see guidense copy of you lence (see guidense copy of your see	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 refer reference ional ide with the e/adopti	ence formentity care idention cert	orm ard, DV	items  LA/EE	with yo  A drivin photog	ur g	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	ase check to enapplication formur fees' form winging and dang signed copy of you have seen signed copy of you lence (see guidence of any characteristics).	nsure  n th app ted H ted H tur pa rd (ju tur bir lance ange	you have on propriate parts of health state pages the certificate notes) of name (if	enclosed ayment ter refer reference ional ide with the e/adopti	ence formentity care idention cert	orm ard, DV	items  LA/EE	with yo  A drivin photog	ur g	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 copy of you have seen signed copy of you lence (see guidence of any characteristics).	nsure  n th app ted H ted H tur pa rd (ju tur bir lance ange	you have on propriate parts of health state pages the certificate notes) of name (if	enclosed ayment ter refer reference ional ide with the e/adopti	ence formentity care idention cert	orm  ard, DV ty deta	items  LA/EE	with yo  A drivin photog	ur g	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 winging and dang signed copy of you have a signed copy of you have so signed cop	nsure n th app ted H ted H our pa ord (ju our bir lance ange orms	you have on propriate parts of name (if applicable)	enclosed ayment ter refer reference ional ide with the e/adopti	ence formentity care idention cert	orm  ard, DV ty deta	items  LA/EE	with yo  A drivin photog	ur g	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 enapplication formular fees' form winder fees'	nsure  nsure  th apple ted H ted H tur pa rd (ju tur bir lance ange orms	you have on being recovered by the page of name (if applicable).	enclosed ayment ter refer reference ional ide with the e/adopti	ence formentity care idention certition	orm  ard, DV ty deta	LA/EE/ ils and	with yo	g Iraph	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 formular fees' form winder fees'	nsure  nsure  th apple ted H ted H tur pa rd (ju tur bir lance ange orms	you have on being recovered by the page of name (if applicable).	enclosed ayment ter refer reference ional ide with the e/adopti	ence formentity care idention certition	orm  ard, DV ty deta	LA/EE/ ils and	with yo	g Iraph	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 evide ⑦ Certified evide ⑧ Relevant reture Please also checkles ● stapled any puthe scanner) ● placed your a	ase check to en application formur fees' form win signed and da signed and da fied copy of you hoto identity can be fence (see guidence of any charm to practice for the copy of your application in a specification in a spec	nsure nsure nth applied H ted H ted H tur pa rd (ju tur bir lance ange orms re no	you have on propriate particular	enclosed ayment ter reference with the e/adoptions are plastic/p	ence formentity care identification certification certific	orm  ard, DV ty deta tificate  ed and	LA/EE/ ils and or othe	with yo  A drivin photog	g Iraph	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 pris required) ⑥ A legible certiappropriate evid ② Certified evide ⑥ Relevant retu  Please also checkles ⑤ stapled any prise scanner) ② placed your a ⑤ included any or	ase check to en application formur fees' form wire signed and dare signed and dare fied copy of you noto identity can be fied copy of you lence (see guidence of any charm to practice for 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 on propriate particular	enclosed ayment ter reference with the e/adoptions are plastic/p	ence formentity care identification certification certific	orm  ard, DV ty deta tificate  ed and	LA/EE/ ils and or othe	with yo  A drivin photog	g Iraph	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 ⑧ Relevant retured Please also chectory of the scanner) ② placed your a ③ included any ocertificate of attace	ase check to er application formur fees' form wir signed and dar signed and dar fied copy of you noto identity carried copy of you lence (see guidence of any charm to practice for the practice for the proposition in a poriginal document)	nsure nsure nth app ted H ted H ur pa urd (ju ur bir lance ange orms /e no	you have or you have or you have or PC charace PC health ssport, natist the page th certificate notes) of name (if applicable) on (applicate you have or except the	enclosed ayment ter refer reference onal ide with the e/adopti applica le)  ions are plastic/g certifica	ence formentity care identification certification certific	orm  ard, DV ty deta tificate  ed and vallet ompete	LA/EE/ils and or othe staple	with yo  A drivin photog	g Iraph		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 pris required) ⑥ A legible certiappropriate evid ② Certified evide ⑥ Relevant retu  Please also checkles ⑤ stapled any prise scanner) ② placed your a ⑤ included any or	ase check to enapplication formular fees' form winder signed and date signed and date fied copy of your offied copy of your offied copy of your ence of any charm to practice for the field copy of your application in a coriginal document or its document or its 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 particular pages the certificate notes) of name (if (if applicate notes) on (applicate notes) on (appli	enclosed ayment ter refer reference onal ide with the e/adopti applica le)  ions are plastic/g certifica	ence formentity care identification certification certific	orm  ard, DV ty deta tificate  ed and vallet ompete	LA/EE/ils and or othe staple	with yo  A drivin photog	g Iraph		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 £	Registration number		
Application number	Registered by:		
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 edition of the control of the co		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	

			offence, received a police caution or been convicted of d a conditional discharge?		
	Yes	No 🗆	If yes, please give details on a separate sheet.		
Have y	ou been disciplined	by a professi	onal or regulatory body or your employer?		
	Yes	No 🗆	If yes, please give details on a separate sheet.		
Have y	you had civil proceed	dings (other th	nan a divorce/dissolution of marriage) brought against		
you.	Yes	No 🗆	If yes, please give details on a separate sheet.		
Are yo	u suffering from any	condition tha	t would affect your ability to practise?		
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.		
Section	on 4 Declaration of	of information	on		
• I un He acco	<ul> <li>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> </ul>				
Date	(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	nils
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 b	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	nils						
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 t	he
	I the applicant's me ealth does not affec		•	•		n satisfied th	he
actise their	the applicant and profession.	am satisfied th	e applicant's	s health does	s not affect the	eir ability to	
Date (DDMM	YYYY) 🗆 🗆 🗆 🗆		Signature				ı
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

**≢** 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