

**Health Professions Council (HPC)
Council Meeting – 22 September 2011**

**Review of the Health Professions Council (HPC) admission form
for International/EEA applicants.**

Executive Summary and Recommendations

Introduction

This paper provides an explanation of changes made to the admission form for International/EEA applicants.

Decision

The Council is requested to review and approve changes to the admission form.

Background information

The admission form was last reviewed in April 2011 in preparation for the removal of the requirement to submit a health reference and the consequential changes to the health and character self-declarations.

The processes for verifying an applicant's identity, professional experience and education are kept under constant review. A number of changes are proposed to the International/EEA application form that will assist in that verification. The changes also reflect feedback provided by applicants, registrants, HPC employees and other stakeholders about making the form clearer and more user friendly.

The main changes to the International / EEA form are:

- requiring applicants to provide at least one professional reference (applications will be treated as incomplete if a reference is not provided);

(See application form page 1 'Checklist' and pages 14-19, Section 9 Professional Reference)

- making the 'Registration details' section on page 2 of the form more comprehensive.

(See application form page 2 Section 1 Registration details)

- requiring applicants to provide details of any qualifying or entrance examination they have taken for their profession, other than one that formed part of their professional education (e.g. a licensing or regulation board examination).

(See application form page 4 Section 4 Regulatory body)

- requiring applicants to identify any relevant regulator for their profession in respect of each position set out in their career history .

(See application form pages 8-13, Section 8 Career history)

- including a background check consent form, which enables the HPC to employ a third party agent to conduct background checks in circumstances where the Registration Department is unable to complete them.

(See application form page 24 Section 13 Background check consent form)

The changes to the admission form were reviewed by the Education and Training Committee at their meeting on 8 September 2011. Education and Training Committee recommended Council approve these changes. The form has also been reviewed by the Solicitor to the Council.

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

Resource implications

Nil

Financial implications

Nil

Background papers

Nil

Appendices

Admission form – International/EEA applicants

Date of paper:

9 September 2011

 **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)

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

Lo-call number (if calling from UK) 0845
3004 472 or +44(0)20 7840 9802
www.hpc-uk.org
registration@hpc-uk.org



Before completing your application form you will need to read the guidance notes for International applicants and the standards of proficiency for your profession. Please complete this form in BLOCK CAPITALS using a black pen.

Your title Mr Mrs Miss Ms other (please specify)

Your first name

Your surname/family name

Your profession

Once you have completed this application form, please make a photocopy of it and all of the supporting documents for your own records. Please send your application by a secure postal method if you want to be certain of delivery.

Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you.

Checklist – please check to ensure you have enclosed the following items with your application	Please cross
① A completed application form	<input type="checkbox"/>
② A 'Paying your scrutiny fee' form with scrutiny fee of £420	<input type="checkbox"/>
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	<input type="checkbox"/>
④ A completed, signed and dated HPC character reference form	<input type="checkbox"/>
⑤ Certified* copies of two appropriate documents to confirm your identity	<input type="checkbox"/>
⑥ Certified* evidence of any change of name (if applicable)	<input type="checkbox"/>
⑦ A legible certified* copy of your qualification certificate(s) and certified translation (if applicable)	<input type="checkbox"/>
⑧ A certificate of professional status from the regulator in the country where you last practised (if applicable). Applicants wishing to exercise EEA mutual recognition rights, please include the attestation of legal establishment in another EEA state.	<input type="checkbox"/>
⑨ Professional reference(s)	<input type="checkbox"/>
⑩ A legible certified* course information form	<input type="checkbox"/>
⑪ Background check consent form	<input type="checkbox"/>

* Please refer to guidance notes for more information regarding certification of documents.

Please also check that you have not :	<input type="checkbox"/>
① stapled any part of your application (applications are scanned and staples damage the scanner)	<input type="checkbox"/>
② placed your application in a folder, binder or plastic/paper wallet	<input type="checkbox"/>
③ included any original documents	<input type="checkbox"/>
④ included any document or item which you need to be returned (completed application forms remain the property of HPC)	<input type="checkbox"/>

Your scrutiny fee	Attach a recent passport sized photograph of yourself here. Please do not staple.
I enclose a cheque/money order for the amount of £420	
<input type="checkbox"/> I wish to pay by credit/debit card and enclose a 'paying your scrutiny fee' form with my account details.	

For HPC use only	
Date stamp	Date of registration <input type="text"/>
Amount received £ <input type="text"/> . <input type="text"/>	Registration number <input type="text"/>
Application number <input type="text"/>	Registered by: <input type="text"/>
Application checked by: <input type="text"/>	

Section 1 Registration details

Have you previously applied for registration with the HPC? Yes No

If yes, please give your application number

I am applying for registration as a

- Arts therapist (If you have chosen arts therapist please cross the box(es) below relevant to you)
- Art therapist Art psychotherapist
- Drama therapist Music therapist
- Biomedical scientist
- Chiropodist and podiatrist
- Clinical scientist (If you have chosen clinical scientist please cross the box(es) below relevant to you)
- Audiology Cellular science
- Clinical biochemistry Embryology
- Clinical genetics Haematology
- Clinical immunology Histocompatibility and immunogenetics
- Clinical microbiology Medical physics and clinical engineering
- Clinical physiology
- Dietitian
- Hearing aid dispenser
- Occupational therapist
- Orthoptist
- Operating department practitioner
- Paramedic
- Physiotherapist
- Practitioner psychologist (If you have chosen practitioner psychologist please cross the box(es) below relevant to you)
- Clinical psychologist Counselling psychologist
- Educational psychologist Forensic psychologist
- Health psychologist Occupational psychologist
- Sport and exercise psychologist
- Prosthetist and orthotist (If you have chosen prosthetist and orthotist please cross the box(es) below relevant to you)
- Prosthetist Orthotist
- Radiographer (If you have chosen radiographer please cross the box(es) below relevant to you)
- Therapeutic radiographer Diagnostic radiographer
- Speech and language therapist

Section 2 Contact details

Previous name (if applicable)

Date of birth (DD/MM/YYYY)

Nationality

National Insurance number (if applicable)

Country of birth

Town/city of birth

Gender Male Female

Home contact details

House/flat number

Street name

Town/city

County/state

Postcode/zipcode

Country

Telephone number

Mobile number

By providing my email address I consent to the HPC sending me electronic marketing communications for the purposes set out in the HPC subject information statement provided to me in the notes attached to this application form.

Email address

Work contact details

Department

Organisation

Street name

Town/city

County/state

Postcode/zipcode

Country

Telephone number

Mobile number

By providing my email address I consent to the HPC sending me electronic marketing communications for the purposes set out in the HPC subject information statement provided to me in the notes attached to this application form.

Email address

Section 3 Regulatory body

Is your profession regulated in the jurisdiction where you currently (or most recently) live and/or work?

Yes No

If yes, please state:

The name of the regulatory body

.....

Name of country/jurisdiction

.....

Email address of the regulator

.....

Are you registered with the regulatory body in that jurisdiction? (this includes any form of provisional, limited or student registration)

Yes No

If yes, please state:

Your registration/licence number

.....

The professional title under which you are registered

.....

Dates of practice (DD/MM/YYYY): from

to

Have you ever taken a qualifying or entrance examination for your profession (e.g. licensing or registration board exam), other than one which formed part of your professional education? If 'Yes', please provide details and evidence of the marks/grades you achieved.

Yes No

.....
Applicants exercising EEA mutual recognition rights, please include the proof of legal establishment (see guidance note for more information).

Section 4 Professional body membership

4.1 Please give details of any relevant professional bodies of which you are or have been a member.

Name of professional body	Contact details including address, email, and website address	Membership number	Date joined	Date membership expired (if applicable)	Length of membership (MMYY)
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>

Section 5 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 character raises concerns about their ability to practise safely and effectively. Please read the accompanying guidance notes carefully before completing this section.

Have you been convicted of a criminal offence or received a conditional discharge or police caution for a criminal offence?

Yes No If yes, please give details on a separate sheet.

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

Yes No If yes, please give details on a separate sheet.

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

Yes No If yes, please give details on a separate sheet.

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

Yes No If yes, please refer to the accompanying guidance notes for further advice and give details on a separate sheet.

Note: you will be required to make a declaration to confirm that you do not have any health condition that would impair your fitness to practise your profession at section 11 of this form.

Are you or have you ever been barred under the Safeguarding Vulnerable Groups Act 2006, Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:

children? Yes No If yes, please give details on a separate sheet.

vulnerable adults? Yes No If yes, please give details on a separate sheet.

Registration numbers

Independent Safeguarding Authority (England, Wales, Northern Ireland) registration number (if any):

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

Protecting Vulnerable Groups Scheme (Scotland) registration number (if any):

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

Section 6 Education and training

Please provide details of your professional education and training (i.e. your qualification for the profession within which you are seeking registration)

Title of your relevant qualification (as it appears on your certificate)

Course start date (DD/MM/YYYY)

Course end date (DD/MM/YYYY)

Name of educational institution

Street name

Town/city

County/state

Postcode/zipcode

Please advise contact details for the course administrator if possible.

Name

Job title

Telephone number

Email

If you have gained a further professional qualification relevant to your registration please provide details

Title of your relevant qualification

Course start date (DD/MM/YYYY)

Course end date (DD/MM/YYYY)

Name of educational institution

Street name

Town/city

County/state

Postcode/zipcode

Please continue on a separate sheet if necessary.

Please advise contact details for the course administrator if possible.

Name

Job title

Telephone number

Email

Section 7 Language proficiency

Please refer to point seven 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 No

If no, you must provide proof of your English proficiency **unless you are exempt because you are a citizen of a relevant European State.** 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 relevant European State of which you are a citizen (this must be confirmed by a certified photocopy of the relevant page of your passport) or other evidence of citizenship.
.....

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

Please note: All applicants for the speech and language therapist Part of the Register for whom English is not their first language must provide required language proficiency test result (see guidance notes). This requirement extends to citizens of relevant European states.

Section 8 Career history

Please provide a summary of your career history. Please provide this in reverse chronological order with most recent post first.

Employer's name	
Your job title in English	
Your job title in its original language (if applicable)	
Address	
Address	
Address	
Town/city	
County/state	
Postcode/zipcode	
Country	

Contact name (eg supervisor)	
Job title of contact	
Work telephone number	

Employment start date (DD/MM/YYYY)	□□	□□	□□	□□	□□	□□
Employment end date (DD/MM/YYYY)	□□	□□	□□	□□	□□	□□

(leave blank if you are still in this employment)

Please complete the sections below:

That profession/occupation was subject to regulation by the following regulatory body

Name of regulatory body	
Address	
Telephone Number	
Email	
Website address	
Your registration number (or equivalent)	

Career history (continued)

Employer's name

Your job title in English

Your job title in its original language (if applicable)

Address

Address

Address

Town/city

County/state

Postcode/zipcode

Country

Contact name (eg supervisor)

Job title of contact

Work telephone number

Employment start date (DD/MM/YYYY)

Employment end date (DD/MM/YYYY)

(leave blank if you are still in this employment)

Please complete one of the sections below:

Whilst practising, I was regulated by the following regulator:

Name of regulator

Address

Telephone Number

Email

Website address

Your registration number (or equivalent)

In the space below, please tell us about your main duties and responsibilities.

A large area of horizontal dotted lines provided for writing the response.

Career history (continued)

Employer's name	
Your job title in English	
Your job title in its original language (if applicable)	
Address	
Address	
Address	
Town/city	
County/state	
Postcode/zipcode	
Country	

Contact name (eg supervisor)	
Job title of contact	
Work telephone number	

Employment start date (DD/MM/YYYY)			
Employment end date (DD/MM/YYYY)			

(leave blank if you are still in this employment)

Please complete one of the sections below:

Whilst practising, I was regulated by the following regulator:

Name of regulator	
Address	
Telephone Number	
Email	
Website address	
Your registration number (or equivalent)	

Section 9 Professional Reference

Referee's guidance on completing the professional reference form

You have been asked to complete a professional reference by the person who has given you this form because they want to be registered with the Health Professions Council (HPC).

You can complete this reference only if you are or have been responsible for managing or supervising the applicant's professional practice or professional training (e.g. student internships).

Please provide as much detail as possible and continue on extra sheets of paper if you need to.

The professional reference may be used by the HPC to verify whether the applicant is a safe and effective professional. A professional reference is to be provided on this form by a person who is or has been responsible for managing or supervising the applicant's professional practice.

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

Professional reference form 1

This section is to be completed by the applicant.

Applicant details

Your title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> other (please specify)	<input type="text"/>
Your first name	<input type="text"/>					
Your surname/family name	<input type="text"/>					
Previous name/s	<input type="text"/>					
Job title/position in English	<input type="text"/>					
Job title/position in its original language (if applicable)	<input type="text"/>					

Work details (work place / placement to which this reference is relating)

Employer's name	<input type="text"/>											
Address	<input type="text"/>											
Address	<input type="text"/>											
Address	<input type="text"/>											
Town/city	<input type="text"/>											
County/state	<input type="text"/>											
Postcode/zipcode	<input type="text"/>											
Country	<input type="text"/>											
Work telephone number	<input type="text"/>											
Email	<input type="text"/>											

Section 9 Professional Reference (continued)

Referee's guidance on completing the professional reference form

You have been asked to complete a professional reference by the person who has given you this form because they want to be registered with the Health Professions Council (HPC).

You can complete this reference only if you are or have been responsible for managing or supervising the applicant's professional practice or professional training (i.e. student internships).

Please provide as much detail as possible and continue on extra sheets of paper if you need to.

The professional reference may be used by the HPC to verify whether the applicant is a safe and effective professional. A professional reference is to be provided on this form by a person who is or has been responsible for managing or supervising the applicant's professional practice.

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

Professional reference form 2

This section is to be completed by the applicant.

Applicant details

Your title Mr Mrs Miss Ms other (please specify)

Your first name

Your surname/family name

Previous name/s

Job title/position in English

Job title/position in its original language

(if applicable)

Work details (work place / placement to which this reference is relating)

Employer's name

Address

Address

Address

Town/city

County/state

Postcode/zipcode

Country

Work telephone number

Email

Please use the space 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 Miss Ms other (please specify)

Your first name

Your surname/family name

Previous name/s

Job title/position

Work address (current)

Street name

Town/city

County/state

Postcode/zipcode

Country

Telephone number

Mobile number

Email address

Please use the following section to tell us about the applicant.

Qualifications

.....

.....

.....

.....

In what capacity is the applicant known to you (eg employee, student, volunteer)?

.....

.....

.....

Section 10 Paying your scrutiny fee

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

I wish to pay by (please cross appropriate box)

- | | | |
|----------------------|--------------------------|---|
| Cheque | <input type="checkbox"/> | (payable to Health Professions Council) |
| British postal order | <input type="checkbox"/> | |
| Money order | <input type="checkbox"/> | |
| Bankers draft | <input type="checkbox"/> | |
| Debit card | <input type="checkbox"/> | |
| Credit card | <input type="checkbox"/> | |

Amount **£ 420.00**

If you have chosen to pay by debit or credit card please complete the section below

Cardholder's signature

Date (DD/MM/YYYY)

HPC USE ONLY

Advisor taking payment

Date taken (DD/MM/YYYY)

Authorisation code

Application number **A A**

Cardholder's name

Card number

Valid from (MM/YY) Expires on (MM/YY)

Security code (the last 3 digits of the number on the signature strip - see diagram below)



Issue number (if applicable)

Section 11 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 HPC'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 HPC may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes set out in that statement. I understand that my consent is not required for the HPC to undertake the processing required by the Health Professions Order 2001.
- **I consent** to the HPC processing my personal data for the purposes set out in the information statement which are not required by the Health Professions Order 2001. I understand that I may withdraw my consent to the HPC processing my personal data for any marketing purposes by writing to the HPC informing it that I am withdrawing that consent.
- **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).
- **I agree** to pay the fees for my registration using the option chosen by me in section 10.
- **I consent** to the HPC 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 HPC to assist with the evaluation of my application providing the HPC with any information held by that person in respect of me that the HPC may request.

Date (DD/MM/YYYY)

Signature

Print Name

Section 12 Character reference

Please give this section to the person you ask to complete your character reference form.

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.

You have been asked to complete a character reference by the person who has given you this form (the applicant), because they want to be registered with the Health Professions Council (HPC).

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. A professional person (e.g. a registered health professional, a solicitor, barrister or other legal practitioner or an accountant) will be recognised as a person of standing in the community as will a:

- bank manager or officer;
- judge, magistrate or other judicial official;
- minister of the Church, Rabbi, Imam or other recognised religious official;
- member of a parliament or other legislative body; or
- serving officer in HM Armed Forces.

This is not an exhaustive list and if you have any questions as to whether you are able to provide a character reference please contact us on our lo-call number 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

Once completed please return the character reference directly to the applicant.

Character reference continued

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 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 International applicants.

Please return this form to the applicant once complete.

Applicant details

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Profession in English	<input type="text"/>
Profession in its original language (if applicable)	<input type="text"/>

Referee details

Name	<input type="text"/>
Occupation	<input type="text"/>

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

<input type="text"/>
<input type="text"/>

Practice or business address	<input type="text"/>
<input type="text"/>	

Telephone	<input type="text"/>
-----------	----------------------

Email Address	<input type="text"/>
---------------	----------------------

Please state capacity in which you know the applicant (do not leave blank)	<input type="text"/>
<input type="text"/>	

I confirm that I have known the applicant for **at least 3 years** and know of no reason why they should not practise the above profession with honesty and integrity.

The HPC 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 HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy, including but not limited to checking that you are a member of a professional body. 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 (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature
-------------------	----------------------	----------------------	----------------------	-----------------

Section 13 Background check consent form

Applicant details

Name

Profession

Notes for applicants

Rule 5(1) of the Health Professions Council (Registration and Fees) Rules 2010 authorises the HPC to seek additional information about a registration applicant from any person or source it considers appropriate, for the purpose of satisfying itself as to the good character of that applicant.

As your application may be subject to such further backgrounds checks, please provide the information and consent requested below and include this Consent Form with your application.

CONSENT TO BACKGROUND CHECKS

In making my application for HPC registration:

1. I understand that, in order to verify the accuracy of the information I have provided, the HPC may undertake further background checks including verifying the information I have given, conducting background enquiries and asking for, and checking my employment, qualifications and personal, academic and employer references.

2. I agree that:
 - (1) the HPC may undertake such background checks as it considers appropriate for the purpose of establishing that I am of good character;
 - (2) the HPC has appointed Kroll Background Worldwide Limited (Kroll) as its agent to carry out the checks on its behalf and may appoint such other agents as it sees fit to carry out such checks;
 - (3) the recipient of any inquiries made as part of such checks may release information about me which they hold and which is relevant to a request for information made by or on behalf of the HPC;
 - (4) my personal data may be given to:
 - my referees and any other persons or bodies identified in my application;
 - regulatory bodies, law enforcement agencies and prosecuting authorities, both in the UK and in other jurisdictions; and
 - such other third parties as the HPC considers appropriate;

and that, for the purpose of conducting background checks, the HPC, Kroll and any other agent appointed by the HPC may transfer my personal data outside of the European Economic Area to be processed and stored in any appropriate format. I also agree that such data may be passed to Kroll Group Companies, both within and outside the EEA, for the purpose of conducting such background checks.

3. I confirm that the information I have provided in my application is true and accurate and understand that, if I have made a false declaration or provided any false information or documents in support of my application, the HPC may withhold my registration and I may be liable to prosecution under Article 39 of the Health Professions Order 2001.

Signature Date (DD/MM/YYYY)

Print Name

Please sign your signature so that it matches the signature on your passport or identity card. If your first language is not composed of characters from the Latin alphabet (ABC etc.), please also provide your usual signature and name using characters from your first language in the boxes below:

Signature

Print Name