# health professions

# Education and Training Committee Meeting – 20 May 2009

Review of the Health Professions Council (HPC) admission forms

# Executive Summary and Recommendations

# Introduction

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

- Registration form (and guidance notes) UK applicants
- Registration form (and guidance notes) international/EEA applicants
- Registration form (and guidance notes) grandparenting applicants
- Readmission form (and guidance notes)

# Decision

The Education and Training Committee is requested to review and recommend Council approve changes to the admission forms. Approval of the guidance notes is not required; however any feedback is most welcome.

# **Background information**

The admission forms (UK, international and readmission) were last reviewed in March 2009 following the registration fee increase which took effect on 1 April 2009. The forms have been reviewed again in preparation for statutory regulation of practitioner psychologists on 1 July 2009. We have also taken into consideration feedback provided by applicants, registrants, HPC employees and other stakeholders and have made minor changes to the forms and guidance to make them clearer and more user friendly.

Consultations on the registration cycle and grandparenting criteria for practitioner psychologists ran from 27 March 2009 to 8 May 2009. The grandparenting application form has been drafted on the basis of those consultations.

The changes to the admission forms and guidance have been reviewed by HPC's lawyers. ETC is asked to note that some minor changes may be made to the documents following this.

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

# **Resource implications** Nil

Date Ver. 2009-02-04 a

Dept/Cmte Doc IVE-UKR

Doc Type

# **Financial implications**

Nil

# **Background papers**

Consultation on the registration cycle and grandparenting criteria for practitioner psychologists.

# **Appendices**

Admission forms and guidance notes

Date of paper: 9 May 2009

**Date Ver** 2009-02-04 a

**Ver. Dept/Cmte** a UKR Doc Type

PPR

Title Review of HPC admission forms and guidance **Status** Final DD: None Int. Aud. Public RD: None Please read the guidance notes before completing this form.

UK application for registration (for applicants who hold an approved UK qualification)	
E Registration Department	INSERT LOGO
184 Kennington Park Road, London, SE11 4BU	
Lo-call number (if calling from UK) 0845 3004 472 or	
+44(0)20 7840 9802	
<sup>イ</sup> Ůwww.hpc-uk.org	
≢= <sup>¬</sup> registration@hpc-uk.org	
Before completing your application form you will need to read the guidance notes for UK a standards of proficiency for your profession. Please complete this form in BLOCK CAPITALS of the standards of proficiency for your profession.	
Your title I Mr I Mrs I Miss I Ms I other (please specify)	
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 end	closed the following items with your application	Please cross	
① A completed application form			
2 A 'Paying your fees' form with appropriate pay		Delet	
④ A completed, signed and dated HPC character	reference form		Delet
S A completed, signed and dated HPC health ref			Delet
6 A certified copy of your qualification certificate			
⑦ Certified copies of two appropriate documents	to confirm your identity		
® Certified evidence of any change of name (if a	pplicable)		
Relevant return to practice forms (if applicable)			
Please also check that you have <b>not</b> :			
• stapled any part of your application (application	as are scanned and staples damage the scanner)		
<ul> <li>glaced your application in a folder, binder or placed</li> </ul>			
<ul> <li>included any original documents</li> </ul>			
	to be returned (completed application forms remain		
the property of HPC)	to be retained (completed application forms remain		
Your payment			
I enclose a cheque/money order for the amount of		Attach a	
		recent	
My account number is		passport size	
		photograph of	
My sort code is		yourself here.	
		Please do not	
		staple.	
For HPC use only			
Date stamp	Date of registration		
P			
Amount received £			
	Registration number		
Application number			

1

	Registered by:	
Pass list checked: YES/NO Checked by		

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Section	ו 1 F	Registration details						
Have vo	u pre	eviously applied for registration wi	th the I	HPC?	Yes 🗆	No 🗆		
-								
lf yes, pl	lease	e give your application number						
I am app	olying	g for registration as a:						
		Arts therapist Biomedical scientist Chiropodist and podiatrist Clinical scientist Dietitian			Operating depart Paramedic Physiotherapist Practitioner psycl Prosthetist and o	hologist	^	Deleted: /
		Occupational therapist			Radiographer			
L		Orthoptist			Speech and lang	uage therapist		
If you ha	ave c	hosen practitioner psychologist pl	lease c	ross th	e box(es) relevant	to you		Deleted: If you have chosen practitioner psychologist please cross the box(es) relevant to you¶
_		Clinical psychologist Educational psychologist Health psychologist Sport and exercise psychologist			Counselling psyc Forensic psychol Occupational psy	ogist		¶ . □. Clinical psychologist□. Counsellin g psychologists¶ . □. Educational psychologist□. Forensic psychologist¶ . □. Health psychologist□. Occupati onal psychologist¶
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lf you ha	ave c	hosen radiographer please cross	the box	x(es) re	elevant to you			
C		Therapeutic radiographer		Diagnostic radiographer				
lf you ha	ave c	hosen clinical scientist please cro	ss the	box(es	) relevant to you			
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							3	

Clinical physiology

Section 2 Contac	it details
Previous name (if a	
Date of birth (DD/M	
Nationality	
National Insurance	
Country of birth	
Town/city of birth	
Gender	Male     Female
Home contact deta	ails
House/flat number	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
	mail address I consent to the HPC sending me electronic marketing
	or the purposes set out in the HPC subject information statement provided attached to this application form.
Email address	
Work contact deta	ils
Department	
Organisation	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
	mail address I consent to the HPC sending me electronic marketing
communications f	or the purposes set out in the HPC subject information statement provided

to me in the notes attached to this application form.

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# Section 3 Character and health self-declarations

	Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge?							
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.					
Have	you been disciplined	by a profess	ional or regulatory body or your employer?					
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.					
Have you?	you had civil proceed	dings (other tl	nan a divorce/dissolution of marriage) brought against					
you	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.					
<u>Do yo</u>	<u>u have any condition</u>	that would a	ffect your ability to practise?	<b>Deleted:</b> Are you suffering from any				
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.					
Secti	on 4 Education ar	nd training						
Pleas	e complete part A <b>or</b>	part B						
(A) If	you have complete	d a UK appro	oved course which is not one of those listed in Part B					
Title o	f your relevant qualif	fication						
Cours	e start date (DD/MM	/ Y Y Y Y)		Deleted: ¶				
Cours	e end date (DD/MM							
Name	Name of educational institution							
Street								
Town	/city							
Count	ty/state							
Postc								

# (B) If you hold a certificate of competence, certificate of attainment or IHCD certificate

Title of certificate		
Date certificate was	awarded	
Section 5 Practic	e outside the United Kingdom (UK) form	
profession outside t	ur approved qualification more than five years ago, but have practised your he UK during the last two years, you do not need to undertake a period of plies to you, please complete this form and include it with your application.	
If you have worked this form as you nee	for several different employers, please photocopy or print off as many copies of ed.	
Your first name		
Your surname/famil	y name 000000000000000000000000000000000000	
Please tell us when	re you were employed:	
Department		
Organisation		
Street name		
Town/city		
County/state		
Postcode/zipcode		
Country		
Name of Manager		
Job title:		
Email address:		
Telephone number		
Dates you practised	outside of the UK: From	
DD/MM/YYYY	то ОО/ОО/ООО	
Places complete o	ne of the sections below:	
	utside the UK, I was registered with the following regulator:	
Name of regulator		
Address		
Telephone number		
Website address		

Your registration number (or equivalent)

My profession is not regulated in the country where I practised.

<b>.</b>		{(	Deleted:Page Break
Section 6	Paying your fees – please read the guidance notes on paying your fees	{	Deleted: 5
or direct del called a scru	syment must be made by cheque or money/postal order. We do not accept bank transfers bit payments for this initial fee. The fees we ask you to send with your application are utiny fee and a registration fee. The scrutiny fee is a one off non-refundable payment of nnot process your application without a payment.		
two-year reg	so pay your registration fee when you apply to be registered. The registration fee for the gistration cycle is $\pounds152$ ( $\pounds76$ per year). The registration fee is reduced by 50% if you om a UK approved course within the last two years.		
	pplying to become registered as a practitioner psychologist, please note that your		
<u>fee is a pro</u>	-rata amount. You should choose one of the second set of options in this section.	1	Formatted: Font: Bold
Please choo	ose one of the following four options.	{	Deleted: ¶ ¶
Option 1	<ul> <li>I am applying for registration for the first time and graduated less than two years ago. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £91.</li> <li>I am applying for registration for the first time and graduated less than two years ago. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £129.</li> <li>I am applying for registration for the first time and graduated more than two years ago. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the first time and graduated more than two years ago. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £129.</li> </ul>		
Option 4	I am applying for registration for the first time and graduated <b>more than</b> two years ago. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £205.		
Please com	plete the direct debit instruction if you have chosen option 1 or option 3		Deleted: ¶ ¶

#### Important note for practitioner psychologists If you are applying for registration between 1 July 2009 and 31 May 2010 the registration fee you will need to pay is reduced. This is because the first registration cycle for practitioner psychologists will be 19 months long rather than two years, so that subsequent renewal of registration takes place in a relatively quieter period. Please choose one of the following options: Option 1 Formatted: Font: Bold I am applying for registration for the first time. My application is being made **before**,1 Formatted: Bullets and June 2010. I graduated less than two years ago. I wish to pay future fees by direct Numbering debit. I enclose a direct debit instruction and a cheque/money order for the amount of £75.17. **Option 2** Formatted: Indent: Left: 0 cm, Hanging: 2.54 cm I am applying for registration for the first time. My application is being made after 1 June 2010. I graduated less than two years ago. I wish to pay future fees by direct Formatted: Indent: Left: 2.54 cm debit. I enclose a direct debit instruction and a cheque/money order for the amount of Formatted: Font: Bold £91. **Option 3** Formatted: Bullets and I am applying for registration for the first time. My application is being made before 1 Numbering June 2010. I graduated less than two years ago. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £113.17. **Option 4** Formatted: Bullets and I am applying for registration for the first time. My application is being made after 1 Numbering June 2010. I graduated less than two years ago. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £91. **Option 5** Formatted: Bullets and I am applying for registration for the first time. My application is being made before 1 Numbering June 2010. I graduated more than two years ago. I wish to pay future fees by direct Formatted: Font: Bold debit. I enclose a direct debit instruction and a cheque/money order for the amount of £97.33. **Option 6** Formatted: Font: Bold Formatted: Bullets and I am applying for registration for the first time. My application is being made **after 1** Numberina June 2010. I graduated more than two years ago. I wish to pay future fees by direct Formatted: Font: Bold debit. I enclose a direct debit instruction and a cheque/money order for the amount of £129. Formatted: Indent: Left: 1.27 cm Option 7 Formatted: Bullets and I am applying for registration for the first time and graduated more than two years ago. Numberina My application is being made before 1 June 2010. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £173.33. **Option 8** I am applying for registration for the first time and graduated **more than** two years ago. My application is being made after 1 June 2010. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £129. Please complete the direct debit instruction if you have chosen option 1, 2, 5 and 6.

INSERT DIRECT DEBIT INSTRUCTION AND GUARANTEE HERE

#### Section 7 Declaration of information

- 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 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 6.
- 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)	) 🗆	$\Box$		$\Box$					
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Signature .....

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#### Section 8 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. This means that you must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will;

- a bank manager;
  a Justice of the Peace or other
- judicial official; a minister of the Church, Rabbi,
- Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- a Registered Health Professional.

Numbering Formatted: Indent: Left: 1.11 cm Deleted: <#>Bank manager;¶ <#>Justice of the Peace;¶ <#>Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or ¶ <#>Winister of the Church.

Rabbi. Imam or other religious

official acceptable to the

Council.¶

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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 JJK applicants.

Deleted: International

#### Please return this form to the applicant once complete.

#### **Applicant details**

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nember of a profe	essional or	regulatory	v body, ple	ease prov	ide its na	me and y	our	
usiness address								
Please state capacity in which you know the applicant								
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I confirm that I have known the applicant for  $\Box$  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. 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) 니니/니니/니니니 Sig	ignature
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#### Section 9 Health reference

#### 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 Health Professions Council (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 <u>that jurisdiction</u>.

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

You must not be a relative of the applicant.

#### Your professional opinion

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

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

#### Fees

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

#### **Further questions**

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

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

Deleted: another country

#### Health reference continued

#### 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 read the attached notes before providing the health reference.

#### Please return this form to the applicant once complete.

#### **Applicant details**

Name	
Profession	
Address	

#### **Referee details**

Name	
Practice address	
Telephone number	
Regulatory body (if applicable	
Registration number (if applicable	$) \Box \Box$

I confirm that I am a registered medical practitioner and that I have obtained the consent of the applicant to disclose the information contained in this reference to the HPC and (please tick one of the following options that applies):

I have been the applicant's registered medical practitioner for at least three years and based on my personal knowledge I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above; or

Having been given the applicant's medical records for the last three years, I have examined these records and based on my examination of these records I am satisfied that the applicants's health does not affect their ability to practise the profession referred to above; or

I have examined the applicant and based on this examination I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above.

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. 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)

Practice stamp

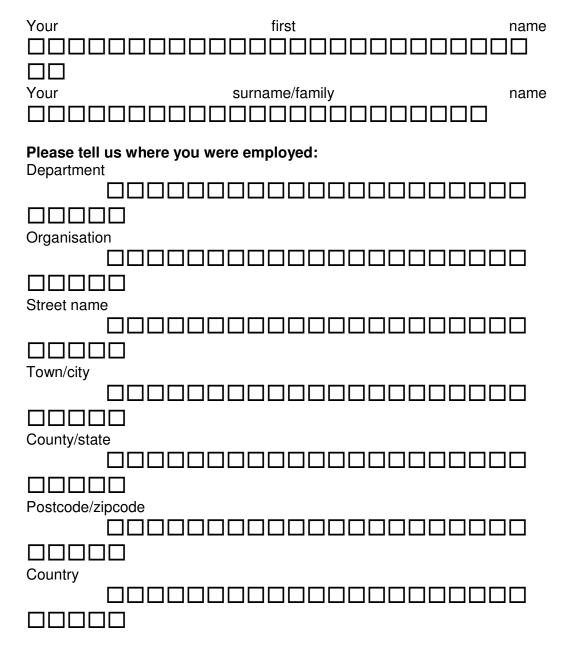
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# Section 6 Practice outside the United Kingdom (UK) form

If you completed your approved qualification more than five years ago, but have practised your profession outside the UK during the last two years, you do not need to undertake a period of updating. If this applies to you, please complete this form and include it with your application.

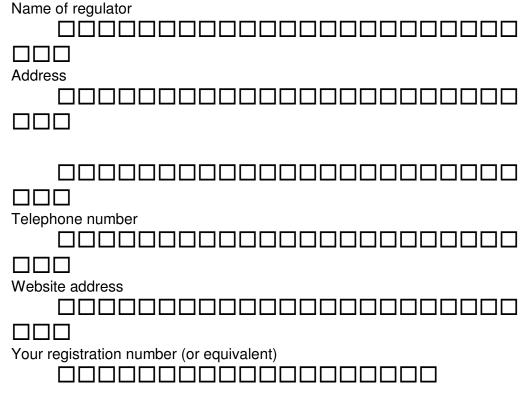
If you have worked for several different employers, please photocopy or print off as many copies of this form as you need.



Name of Manager
Job title:
Email address:
Telephone number
Dates you practised outside of the UK: From $\Box \Box / \Box \Box / \Box \Box \Box$

Please complete one of the sections below:

Whilst practising outside the UK, I was registered with the following regulator:



My profession is not regulated in the country where I practised.

Dates you practised outside of the UK:	From	
DD/MM/YYYY	То	
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#### Guidance for UK applicants (applicants who hold an approved UK qualification)

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

Insert logo here

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

#### Introduction

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

#### About this guidance

- Applying through the UK application process
- Returners to practice
- General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Certified documents
- Verifying your identity
- If you cannot provide photographic documentation
- Translation of documents

#### Outcomes of an application

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

#### Section 1

- Registration details
  - Previous applications

#### Section 2

#### **Contact details**

- Name change
- Home address
- Work address
- Agencies

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Section 4	
ducation and training	
<ul> <li>Applying for registration as a biomedical scientist, clinical scientist or paramedic</li> </ul>	
<ul> <li><u>Applying if you have completed a UK approved course which is not one of the above</u></li> </ul>	
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ection 5	``
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ection 6	
ection 6 Paying your fees	
ection 6	
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ection 6 aying your fees Scrutiny fee	<b>+</b> -
ection 6 aying your fees <u>Scrutiny fee</u> <u>Registration cycle</u>	<b>*</b> -
Section 6 Vaying your fees • Scrutiny fee • Registration cycle • Note for practitioner psychologists	<b>4</b>

#### Section 7 Declaration of information

#### Section 8

#### Character reference

Section 9 Health reference

#### Appendix: other helpful information

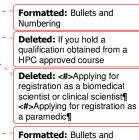
- Our standards
- Continuing professional development
- How to keep your name on the Register

#### Data protection information

**Useful terms** 

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¶ Section 7¶ Declaration of information ¶

#### Introduction

#### About the HPC

We are the Health Professions Council. We are a regulator of health professionals and our job is to protect the health and wellbeing of people who use the services of the health professionals registered with us.

To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills and their health. We publish a register of health professionals who meet our standards.

We currently regulate 14 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists and 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 practise their profession safely and effectively.

#### Applying for registration

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

The information provided by applicants helps us to know that:

• they are who they say they are;

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- 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	<u>Title</u>
Arts therapists: Music, Drama or	Art therapist
Art	Art psychotherapist
	<u>Dramatherapist</u>
	Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists and podiatrists	Chiropodist
	Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian
	Dietician
Occupational therapists	Occupational therapist
Operating department	Operating department
practitioners	practitioner
Orthoptists	Orthoptist
Paramedics	Paramedic
Physiotherapists	Physiotherapist
	Physical therapist
Practitioner psychologists	Practitioner psychologist
	Registered psychologist
	Clinical psychologist
	Counselling psychologist
	Educational psychologist
	Forensic psychologist
	Health psychologist
	Occupational psychologist
	Sport and exercise psychologist
Prosthetist and orthotist	Prosthetist and orthotist
	Prosthetist
	<u>Orthotist</u>
Radiographers: diagnostic or	Radiographer
therapeutic	Diagnostic radiographer
	Therapeutic radiographer
Speech and language therapists	Speech and language therapist
	Speech therapist
-	·

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About this guidance

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Applying through the UK application process

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

#### **Returners to practice**

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

#### General information on completing the forms

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

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents.

#### 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 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.

It is advisable to take a photocopy of your application for your records. It is also advisable to send your form to us by a secure method of delivery.

#### 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.

#### **Certified documents**

In the section below, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document/s must write on it 'I certify that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will;

#### a bank manager;

a Justice of the Peace or other judicial official;

• a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;

- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or

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#### Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

#### Verifying your identity

We ask all applicants to provide us with a legible certified photocopy of:

- a document containing your photograph; and
- a document proving your current address.

Documents you may consider sending us include:

- current signed full passport;
- national identification card and/or other valid documentation relating to immigration status and permission to work in the UK;
- current UK photo card driving licence;
- current full UK driving licence (old version)
- current benefit book or card or original notification letter from the Department for Work and Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification;
- marriage/civil partnership certificate;
- divorce order or dissolution order;
- confirmation from an Electoral Register\*;
- recent utility bill\*;
- local authority tax bill (valid for the current year);
- bank, building society or credit union statement or passbook containing current address\*;
- recent mortgate statement from a recognised lender\*;
- current local council rent card or tenancy agreement.

\* If these documents are submitted, the date should be within the last six months.

#### If you cannot provide photographic documentation

If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person, indicating the period of time that you have been known to them. They should also provide us with their contact details.

A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

#### Translation of documents

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

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#### Please note:

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

#### Outcomes of an application

#### **Incomplete applications**

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

#### Successful applications

If your application is successful, we will

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

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

The publicly available Register shows:

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

#### **Rejected applications**

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

Your right of appeal against the final decision to reject your application arises if you believe that:

- the decision to reject your application is wrong; and
- you meet the standards of proficiency; and
- you meet the standards of conduct, performance and ethics.

You will need to establish the grounds for your appeal (ie why you believe that the decision taken is wrong) and follow the appeals procedure.

#### The appeals process

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If your application is rejected you have 28 days following the date of the letter rejecting your application to write to us to appeal against the decision. We will then provide you with further information on the appeals process.

#### **Fraudulent applications**

If you falsify information about your identity or any other aspect of your application, the HPC will suspend your application pending an investigation. If such information becomes known to us after you have been registered, an investigation will be launched and your registration may be suspended or terminated. It is a criminal offence to fraudulently obtain registration with the HPC. You may be committing a criminal offence if you supply false information and you may be prosecuted.

#### Section 1 Registration details

#### **Previous applications**

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

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

### Section 2 Contact details

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

#### Name change

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

#### Home address

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

#### Work address

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

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

#### Agencies

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

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#### Character

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

#### Health

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

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

Section 4 Education and training

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

If you do not hold an approved qualification from an integrated programme, you need to provide the following certificates:

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

Applying if you have completed a UK approved course which is not one of the above Please tell us the title of your relevant qualification, the start and end dates of your course and the name of the educational institution you attended. You do not need to send us a copy of your

qualification certificate unless you qualified more than two years ago. If you qualified more than five years ago and you have not been practising you will be subject to

additional requirements. For more information, please see details on our website at <u>www.hpc-</u> <u>uk.org/apply/uk/historical/</u>

#### Section 5 Practice outside the United Kingdom (UK) form

If you have not been registered for two years or more, but have practised your profession outside the UK during the last two years, you do not need to undertake a period of updating. If this applies to you, please complete this form at section 5 of the form and return it with your application.

If you have worked for several different employers, please photocopy or print off as many copies of this form as you need.

#### Section 6 Paying your fees

You must pay a scrutiny fee and a registration fee at the point of application.

Scrutiny fee

The fee we ask you to send with your application is called a scrutiny fee. This is a one off nonrefundable payment of £53. We cannot process your application without this payment. You must also pay your registration fee at the point you apply for registration. The registration fee for the two-year registration cycle is £152 (£76 per year). The registration fee is reduced by 50% if you graduated from a UK approved course within the last two years.

#### **Registration cycle**

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

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

#### Important note for practitioner psychologists

The Register for practitioner psychologists opened on 1 July 2009. Applications for registration can be made on or after that date.

Each profession we regulate has its own registration cycle which is normally made up of two 'professional years'. However, following a consultation the first registration cycle for practitioner psychologists will be 19 months long rather then two years, so that subsequent renewal of registration takes place in a relatively quieter period. This will mean that we will be able to provide a more efficient service to those renewing their registration.

The first registration cycle will run from 1 November 2009 to 31 May 2011. If you are applying for readmission between 1 July 2009 and 31 May 2010 a pro-rata fee will be payable. Please refer to section 6 on the application form for a list of payment options.

#### Applying as a new graduate

If you graduated from a UK approved course within the last two years you are entitled to a 50% discount for the first two-year registration cycle. Your initial registration payment for the first two professional years is £76 (£38 per year).

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 **£129** 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 **£91**. The remainder of your fee will be deducted from your bank account in two separate £19 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

#### Free period

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

#### Applying if you qualified more than two years ago

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

Arts therapists	<u> 1 June – 31 May</u>
Biomedical scientists	1 December – 30 November
Chiropodists and podiatrists	1 August – 31 July
Clinical scientists	1 October – 30 September
Dietitians	1 July – 30 June
Occupational therapists	1 November – 31 October
Operating department practitioners	<u> 1 December – 30 November</u>
Orthoptists	<u> 1 September – 31 August</u>
Paramedics	1 September – 31 August
Physiotherapists	1 May – 30 April
Practitioner psychologists	<u> 1 June – 31 May</u>
Prosthetists and orthotists	1 October – 30 September
Radiographers	1 March – 28 February
Speech and language therapists	1 October – 30 September

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 **£205** 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 **£129**. The remainder of your fee will be deducted from your bank account in two separate £38 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

#### Please note:

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

#### Section 7 Declaration of information

HPC can only process your application if you have signed this declaration. The declaration must be signed within six months of the date you send us your form. 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.

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¶ Section 5 Declaration of	
information [2]	

#### Section 8 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 means that your referee must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

#### 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 that if you provide fraudulent references you may be prosecuted.

#### After you have 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.

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official acceptable to the Council; or ¶ ¶ ¶
Section Break (Continuous) <#>Registered health professional¶
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#### Section 9 Health reference

#### All applicants must provide a health reference

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

#### Important points:

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

#### After you have obtained your health reference

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

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

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

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

If your medical records are not available then you can ask a doctor for a medical examination. Your doctor can then 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

Deleted: 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.¶

Date Ver. Dept/Cmte **Doc** Туре Title 2006-04-12 UK Form

Status

Draft DD: None

Int. Aud. Public RD: None Deleted: you've

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#### 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 (2013 for practitioner psychologists), 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.

Deleted:

Draft DD: None

Status

Int. Aud. Public RD: None

#### **Data protection information**

#### Subject Information Statement

The Health Professions Council (HPC) processes your personal data (as defined by the Data Protection Act 1998 (the 1998 Act)) for the following purposes:

- administering your application to register with the HPC and any subsequent renewals; •
- maintaining and publishing the health professions Register; •
- undertaking regulatory activities for the purposes of the Health Professions Order 2001 (as • amended);
- ensuring that you comply with our standards, including but not limited to, ensuring compliance • with continuing professional development and educational requirements;
- investigating complaints made about you; •
- investigating complaints made by you;
- publishing the results of any complaints made about you or by you;
- transferring your personal data to any other authorised body investigating your activities; •
- transferring your name, profession, registration number, registration dates and approximate • location of your practice to any member of the public requesting the information and making it available through the publication of the health professions Register;
- transferring your personal data to professional advisers and other third parties involved with • the regulation of health professionals;
- statutory and regulatory compliance;
- monitoring equality and diversity information;
- reviewing your medical records and history, including but not limited to any medical reference • supplied, to ensure that your health does not impair your fitness to practice;
- maintaining photographic images of you to ensure your identity; •
- informing you about the activities of HPC: •
- marketing the activities of the HPC; •
- transferring your personal data to any business directory so as to ensure only authorised people advertise their services in such directories;
- keeping you informed about any changes to practice or legislation that may affect your • practice:
- responding to requests for information from other health regulators both within the European • Economic Area and worldwide;
- keeping you informed about any developments, activities or products of third parties which . may affect or assist your practice; and
- achieving the general and statutory objectives of the HPC. •

We collect personal information from you when you communicate with us by any media. We may also collect personal data which relate to you from third parties.

We may contact you by means of electronic communication, including but not limited to email or SMS for the purposes set out above. We will only undertake activities considered to be electronic marketing if permitted to do so by the Privacy and Electronic Communications (EC Directive) Regulations 2003.

#### Sensitive personal data

Certain personal information is categorised by the 1998 Act as "Sensitive Personal Data" as defined by the 1998 Act.

In some circumstances, the HPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health Professions Order 2001 and therefore we do not need to obtain your consent to undertake this processing. In general, the sensitive personal data collected by HPC is limited to information in connection with:

- your racial or ethnic origin;
- your physical or mental health or condition;
- your membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992;
- the commission or alleged commission by you of any offence;
- any proceeding taken against you for any offence committed or alleged to have been committed by you; and
- your sexual life.

#### Anonymisation

HPC is required to provide statistical information to a number of different bodies; it also undertakes its own research. In such circumstances it only provides anonymised data.

#### Permitted processing

HPC ensures that it is permitted to process your personal data. If no statutory condition applies to the form of processing we undertake, we can only undertake such processing with your consent. You may withdraw your consent to our processing your personal data for some of the above purposes by writing to the address at the end of this statement.

If a statutory condition applies allowing the HPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HPC ceases to process your personal data as the HPC keeps personal data on registrants for their lifetime.

#### Sharing Your Information

In some circumstances the HPC may be permitted by law to share sensitive personal data about you with a third party. Otherwise the HPC does not share sensitive personal data with others without your consent. Your personal data may be shared as set out in the above purposes. If you do not wish us to share your personal data with any third party for marketing purposes, please write to us at the address at the end of this statement.

#### **European Economic Area (EEA)**

Please note that information displayed on our Website or sent to the HPC over the Internet may be transferred outside of the EEA, where data protection laws are not as strong as within the EEA. The information displayed on the website is provided as it is necessary for the public interest. In relation to any information you send via the internet or email, if you have any concerns in relation to such transfers, you should not use the internet or email as a means of communication with the HPC.

#### Monitoring of telephone calls and emails

Your telephone calls and emails to us may be recorded and monitored for quality control purposes. We may also intercept communications made to individual members of staff at the HPC when this is required for business purposes.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-04-12	f	QUA	DCB	UK Form	Draft	Public
					DD: None	RD: None

## Notification

HPC has notified the Information Commissioner that it processes personal data. The notification number is Z6621691.

## Contact us

If you have any queries relating to this statement, please contact us by letter at the following address:

Health Professions Council Park House 184 Kennington Park Road London SE11 4BU

Status Draft DD: None Int. Aud. Public RD: None

## Useful terms

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

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

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

**Data controller** – a person who either jointly, alone or in common with other people determines the purposes for which and the manner in which any personal data are, or are to be, processed.

**Data processor** – any person other than an employee of the data controller, who processes the personal data on behalf of the data controller.

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

Data subject - an individual on whom personal data are processed.

**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.

#### Personal data - means:

- any data from which the identity of a living individual can be determined, either by itself or with other data processed by data controller; and
- any information such as name and address, email address, telephone number and general contact details, personal data includes images on film, photographs and telephone voice recordings.

Date	Ver.	Dept/Cmte	Doc Type	Title
2006-04-12	f	QUA	DCB	UK Form

**Status** Draft DD: None

**Processing** – means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data including:

- organisation, adaption or alteration of the information or data;
- retrieval, consultation or use of the information or data; •
- disclosure of the information or data by transmission, dissemination or otherwise making • available; or
- alignment, combination, blocking, erasure or destruction of the information or data. •

Relative – has been broadly defined by the Health Professions Council (Registration and Fees) Rules 2003 (as amended) to include in relation to any person:

- (a) his spouse or civil partner:
- (b) any lineal ancestor. lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse or civil partner; or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b).

and for the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

Sensitive personal data – means personal data consisting of information as to:

- the racial or ethnic origin of the data subject;
- political opinion;
- religious beliefs or other beliefs of a similar nature; •
- whether a member of a trade union (within the meaning of the Trade Union and Labour • Relations (Consolidation) Act 1992);
- physical or mental health or condition; •
- sexual life: •
- the commission or alleged commission of any offence; or
- any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings.

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.

Date Ver. Dept/Cmte **Doc Type** 2006-04-12

Title UK Form Status Draft DD: None Int. Aud. Public RD: None Page 5: [1] Deleted

29/04/2009 10:36:00

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 thera
		Speech therapist

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08/05/2009 11:19:00

## Section 5 Declaration of information

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

## Section 6 Practice outside the United Kingdom (UK) form

If you have not been registered for two years or more, but you have practised your profession outside the UK in the last two years, you will not need to undertake a period of updating. If this applies to you, please complete the form at section 6.

## Section 7 Paying your fees

You must pay a scrutiny fee and a registration fee at the point of application.

## Scrutiny fee

The fee we ask you to send with your application is called a scrutiny fee. This is a one off non-refundable payment of  $\pounds$ 53. We cannot process your application without this payment.

You must also pay your registration fee at the point you apply for registration. The registration fee for the two-year registration cycle is £152 (£76 per year). The registration fee is reduced by 50% if you graduated from a UK approved course within the last two years.

## **Registration cycle**

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

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

## Applying as a new graduate

If you graduated from a UK approved course within the last two years you are entitled to a 50% discount for the first two-year registration cycle. Your initial registration payment for the first two professional years is £76 (£38 per year).

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 **£126** 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 **£91.** The remainder of your fee will be deducted from your bank account in two separate £19 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

## **Free period**

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

## Applying if you qualified more than two years ago

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

Arts therapists Biomedical scientists Chiropodists and odiatrists Clinical scientists Dietitians Occupational therapists Operating department practitioners Orthoptists Paramedics Physiotherapists Prosthetists/orthotists Radiographers Speech and language therapists June – 31 May
 December – 30 November
 August – 31 July
 October – 30 September
 July – 30 June
 November – 31 October
 December – 30 November
 September – 31 August
 September – 31 August
 May – 30 April
 October – 30 September
 March – 28 February
 October – 30 September

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 **£205** 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  $\pounds 129$ . The remainder of your fee will be deducted from your bank account in two separate  $\pounds 38$  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. Please read the guidance notes before completing this form.

International application for registration (for applicants who hold an approved UK qualification)	
E Registration Department	INSERT LOGO
184 Kennington Park Road, London, SE11 4BU	
To-call number (if calling from UK) 0845 3004 472 or	
+44(0)20 7840 9802	
<sup>4</sup> www.hpc-uk.org	
<b>≣</b> =¶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
A completed application form	
② A 'Paying your scrutiny fee' form with scrutiny fee of £420	
④ 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	
S A completed, signed and dated HPC health reference form	
© A completed, signed and dated HPC character reference form	
Certified copies of two appropriate documents to confirm your identity	
③ Certified evidence of any change of name (if applicable)	
Image A legible certified copy of your qualification certificate(s)	
where you last practised (if applicable)	
@Professional references (if applicable)	
M A legible certified course information form	

 Please also check that you have not:
 □

 • stapled any part of your application (applications are scanned and staples damage the scanner)
 □

 • placed your application in a folder, binder or plastic/paper wallet
 □

 • included any original documents
 □

 • included any document or item which you need to be returned (completed application forms remain the property of HPC)
 □

Your scrutiny fee	
I enclose a cheque/money order for the amount of £420 My account number is My sort code is I wish to pay by credit/debit card and enclose a 'paying your scrutiny fee' form with my account details For HPC use only	Attach a recent passport size photograph of yourself here. Please do not staple.

Deleted: Clinical

1

Date stamp		Date of registration	
Amount received	£000.00		
Application number		Registration number	
Application checked		Registered by:	

© Health Professions Council, 2003 - 2009

Section 1	Registration details								
Have you previously applied for registration with the HPC? Yes $\Box$ No $\Box$									
If yes, please give your application number									
I am applying for registration as a:									
	Arts therapist Biomedical Scientist Chiropodist and Podiatrist Clinical scientist Dietitian Occupational therapist Orthoptist		Operating department practitioner Paramedic Physiotherapist Practitioner psychologist Prosthetists <u>and</u> orthotist Radiographer Speech and language therapist	Deleted: /					
If you have o	chosen practitioner psychologist pl	ease c	ross the box(es) relevant to you						
	Clinical psychologist Educational psychologist Health psychologist Sport and exercise psychologist		<ul> <li>Counselling psychologists</li> <li>Forensic psychologist</li> <li>Occupational psychologist</li> </ul>						
If you have o	chosen arts therapist please cross	the bo	x(es) relevant to you						
	Art therapist Dramatherapist		Art psychotherapist Music therapist						
If you have o	chosen prosthetist <u>and</u> orthotist ple	ease cr	oss the box(es) relevant to you	Deleted: /					
	Prosthetist		Orthotist						
If you have o	chosen radiographer please cross	the bo	x(es) relevant to you						
	Therapeutic radiographer		Diagnostic radiographer						
If you have o	chosen clinical scientist please cro	ss the	box(es) relevant to you						
	Audiology Clinical biochemistry Clinical genetics Clinical immunology Clinical microbiology		Cellular science Embryology Haematology Histocompatibility and immunogenetics Medical physics and clinical engineering						



Clinical physiology

# Section 2 Contact details

Previous name (if a Date of birth (DD/M Nationality National Insurance Country of birth Town/city of birth Gender	
Home contact deta	ils
House/flat number Street name Town/city County/state Postcode/zipcode Country Telephone number Mobile number	
communications for	mail address I consent to the HPC sending me electronic marketing or the purposes set out in the HPC subject information statement provided attached to this application form.
Email address	
Work contact deta	ils
Department	
Organisation	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
By providing my e	mail 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		$\Box$			$\Box$				$\Box$	$\Box$	$\Box$		$\Box$		

Section 3 Regulatory body membership								
Is the profession that you are applying for regulated in your home country?       Yes □No □         Are you registered with the regulatory body in your home country?       Yes □No □         If yes, please state:       Yes □No □								
The name of the regulatory body								
Dates of practice: from (DD/MM/YYYY)								

# Section 4 Professional body membership

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

Name of professional body	Address	Membership number	Date joined	Date membership expired (if applicable)	Length of membership (MMYY)
	· · · · · · · · · · · · · · · · · · ·				

Deleted: bodies

	Section 5 Character a	nd health se	elf-declarations	
	Have you been convicted criminal offence for which		offence, received a police caution or been convicted of a a a conditional discharge?	
	Yes 🗆	No 🗖	If yes, please give details on a separate sheet.	
	Have you been disciplined	d by a profess	sional or regulatory body or your employer?	
	Yes 🗖	No 🗆	If yes, please give details on a separate sheet.	
		dings (other t	than a divorce/dissolution of <u>a</u> marriage <u>or civil partnership</u> )	
	brought against you? Yes	No 🗆	If yes, please give details on a separate sheet.	
	Do you have any condition	n that would a	affect your ability to practise?	- Deleted: Are you suffering from
	Yes 🗆	No 🗖	If yes, please give details on a separate sheet.	Deleted:
	Section 6 Education a	nd training		
	Please provide details of y profession for which you a		onal education and training (ie your qualification for the egistration)	
	Title of your relevant quali		)    /	
Í	Course end date (DD/MN Name of educational instit			
	Street name Town/city County/state			
	Postcode/zipcode			
	If you have gained a furthe details	er professiona	al qualification relevant to your registration please provide	
	Title of your relevant quali			

Course end date (DD/MM/YYYY	
Name of educational institution	
Street name	

Town/city	
County/state	
Postcode/zipcode	
Please continue on a separate sh	neet if necessary.

## 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.

No 🗖

If no, you must provide proof of your English proficiency **unless you are exempt because you are a citizen of a <u>relevant European State.</u>** Please refer to guidance notes for details of recognised language tests and the minimum acceptable scores. Please state **either**:

Deleted: country in the European Economic Area (EEA).

1) which language test you have included and state your score

or

2) the <u>relevant European State</u> of which you are a citizen (this must be confirmed by a photocopy of the relevant page of your passport) or other evidence of citizenship.

.....

Deleted: country within the EEA

Deleted: Countries in the EEA

Austria	Finland	Liechtenstein
Belgium	France	Lithuania
Bulgaria	Germany	Luxembourg
Cyprus	Greece	Malta
Czech Republic	Hungary	The Netherlands
Denmark	lceland	Norway
Ireland	Italy	Poland
Estonia	Latvia	Portugal

Relevant European States:

Romania Slovakia Slovania Spain Sweden Switzerland United Kingdom

# Section 8 Career history

Please provide a summary of your career history relevant to the profession within which you are applying for registration. Please list most recent first.

Employer's name						
Your job title						
Address						
Address						
Address						
Town/city						
County/state						
Postcode/zipcode						
Country						
Contact name (eg s	supervisor)					
Job title of contact						
Work telephone nut	mber					
Employment start d	lata (DD/MM/V					
Employment end da (leave blank if you a	ate (DD/MM/Y) are still in this e	YYY) employment				
In the space below,	, please tell us	about your	main duties	and responsi	bilities.	
						·····
						·····
						·····
						·····
						·····
						· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·
						·····

# Career history (continued)

Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode Country		
Contact name (eg s Job title of contact Work telephone num		
employment)	ate (DD/MM/Y	(YYY)
In the space below,	, please tell us	s about your main duties and responsibilities.

# Career history (continued)

Employer's name						
Your job title						
Address						
Address						
Address						
Town/city						
County/state						
Postcode/zipcode						
Country						
Contact name (eg s	supervisor)					
Job title of contact						
Work telephone nu	mber					
-						
Employment start d						
Employment end da employment)	ate (DD/MM/Y	YYY) ЦЦ	/凵凵/∟		(leave blai	nk if you are still in this
In the space below,	, please tell us	s about your r	main dutie	s and resp	onsibilities	

I	Section 9 Professional reference	 Deleted: Clinical
	Referee's guidance on completing the professional reference form	 Deleted: clinical
	You have been asked to complete a <u>professional</u> reference by the person who has given you this form because they want to be registered with the Health Professions Council (HPC).	 Deleted: clinical
	You can complete this reference only if you are or have been the applicants line manager or supervisor or responsible for them in a professional way. You must not be a relative of the applicant.	
	Please provide as much detail as possible and use extra blank sheets of paper if you need to.	
	Once completed please return the professional reference to the applicant to submit with their application.	 Deleted: clinical

Professional reference form 1	 Deleted: Clinical
The professional reference may be used by the HPC to verify whether the applicant is a safe and	 Deleted: clinical
effective professional. A professional reference is to be provided on this form by a person who has	 Deleted: clinical
been a line manager or otherwise responsible for the applicant in a professional way.	

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

Your title Your first name	
Your surname/fami	
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	

## This section is to be completed by the applicant.

Date of birth (DD/MM/YYYY)
----------------------------

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/famil	y name 000000000000000000000000000000000000	
Previous name/s		
Job title/position		
-		
Work address		
Street name		
Town/city		
County/state		
Postcode/zipcode		
Country		
Telephone number		
Mobile number		
Email address		
	owing section to tell us about the applicant.	
Qualifications		
In what capacity is the applicant known to you (eg employee, student, volunteer)?		

In what capacity is the applicant known to you	(eg employee, student, volunteer)?
Job title/position of the applicant	
How long have you known the applicant?	years DD months
Dates applicant was employed/volunteered	Start date (DD/MM/YYYY)

Full-time hours per week	Full-time	hours	per week	
--------------------------	-----------	-------	----------	--


Part-time hours per week

Please describe the work setting(s) and give an indication of the range of patients, clients or users and the type of conditions treated.

Please tell us about the types of assessment, treatment and evaluation methods that the applicant used during their time under your supervision.

•••••	 	 	 	 

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. 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.

	Signed
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## Professional reference form 2

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

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

Your title	Mr Mrs Miss Ms Other (please specify)
Your first name	
Your surname/famil	y name 000000000000000000000000000000000000
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	

## This section is to be completed by the applicant.

Date of birth		

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/famil	y name 000000000000000000000000000000000000	
Previous name/s		
Job title/position		
-		
Work address		
Street name		
Town/city		
County/state		
Postcode/zipcode		
Country		
Telephone number		
Mobile number		
Email address		
Please use the foll	lowing section to tell us about the applicant	
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)?		

In what capacity is the applicant known to you	ı (eg employee, student, volunteer)?
Job title/position of the applicant	
How long have you known the applicant?	□□ years □□ months
Dates applicant was employed/volunteered	Start date (DD/MM/YYYY)

Full-time hours per week	Full-time	hours	per week	
--------------------------	-----------	-------	----------	--


Part-time hours per week

Please describe the work setting(s) and give an indication of the range of patients, clients or users and the type of conditions treated.

Please tell us about the types of assessment, treatment and evaluation methods that the applicant used during their time under your supervision.


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. 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.

	Signed
--	--------

## Section 10 Paying your scrutiny fee

Insert the most up-to-date info here

## Section 11 Declaration of information

- 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 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 (DDMMYYYY)

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## 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. This means that you must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

Υ.....

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of <u>Scottish Parliament, Member of</u> <u>Legislative Authority in Northern</u> <u>Ireland or Member of the Welsh</u> <u>Assembly:</u>
- an Officer in the Armed Forces; or
- Registered Health Professional.

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.

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## 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	
Address	
Profession	
Referee deta	ils
Occupation	
	nember of a professional or regulatory body, please provide its name and your registration number
Practice or b	usiness address
Telephone	
Please state	capacity in which you know the applicant

I confirm that I have known the applicant for  $\Box$  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)		] Signature
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## Section 13 Health reference

#### 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 Health Professions Council (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 that jurisdiction.

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

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You must not be a relative of the applicant.

#### Your professional opinion

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

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

#### Fees

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

#### **Further questions**

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

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

## Health reference continued

#### 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 read the attached notes before providing the health reference.

#### Please return this form to the applicant once complete.

#### **Applicant details**

Name	
Profession	
Address	

### **Referee details**

Name	
Practice address	
Telephone number	
Regulatory body (if applicable	
Registration number (if applicable	$) \Box \Box$

I confirm that I am a registered medical practitioner and that I have obtained the consent of the applicant to disclose the information contained in this reference to the HPC and (please tick one of the following options that applies):

I have been the applicant's registered medical practitioner for at least three years and based on my personal knowledge I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above; or

Having been given the applicant's medical records for the last three years, I have examined these records and based on my examination of these records I am satisfied that the applicants's health does not affect their ability to practise the profession referred to above; or

I have examined the applicant and based on this examination I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above.

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)

Practice stamp

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

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

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

## Introduction

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

## About this guidance

- Applying through the international registration process
- General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Certified documents
- Verifying your identity
- If you cannot provide photographic documentation
- Translation of documents

## Outcomes of an application

- Incomplete applications
- Successful applications
- Providing further verification
- Test of competence
- Rejected applications
- The appeals process
- Fraudulent applications
- EEA\_applicants

## Section 1

## **Registration details**

• Previous applications

## Section 2

- **Contact details** 
  - Name change
  - Home address
  - Work address
  - Agencies

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applications¶

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Professional <u>body membership</u>	Deleted: bodies
Section 5	
Character and health self-declarations	Deleted: S
Section 6	Deleted: <#>Character¶ <#>Health¶
Education and training	
Course information	
Section 7	
Language proficiency	
Exemption from language proficiency test	Formatted: Bullets and
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Dual nationality	
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Career history	
Section 9	
Professional reference(s)	Deleted: Clinical
Section 10	
Paying your fee	
Scrutiny fee	
Registration cycle	
Note for practitioner psychologists	Formatted: Bullets and Numbering
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Section 11	
Declaration of information	
Section 12	
Character reference	
Orabien 10	
Section 13 Health reference	
Appendix: other helpful information	
Our standards	
Continuing professional development	
How to keep your name on the Register	Deleted: <#>Refugee
Refugee applications	applications¶
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Data protection information	

Useful terms

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## Introduction

#### About the HPC

We are the Health Professions Council. We are a regulator of health professionals and our job is to protect the health and wellbeing of people who use the services of the health professionals registered with us.

To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills and their health. We publish a register of health professionals who meet our standards.

We currently regulate 14 health professions, these are:

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

#### How we are run

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

#### About registration

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

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

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

## Applying for registration

The information provided by applicants helps us to know that:

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

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#### 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	<u>Title</u>
Arts therapists: Music, Drama or	Art therapist
Art	Art psychotherapist
	Dramatherapist
	Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists and podiatrists	<u>Chiropodist</u>
	Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian
	<u>Dietician</u>
Occupational therapists	Occupational therapist
Operating department	Operating department
practitioners	practitioner
<u>Orthoptists</u>	<u>Orthoptist</u>
Paramedics	Paramedic
Physiotherapists	Physiotherapist
	Physical therapist
Practitioner psychologists	Practitioner psychologist
	Registered psychologist
	Clinical psychologist
	Counselling psychologist
	Educational psychologist
	Forensic psychologist
	Health psychologist
	Occupational psychologist
	Sport and exercise psychologist
Prosthetist and orthotist	Prosthetist and orthotist
	<u>Prosthetist</u>
	Orthotist
Radiographers: diagnostic or	Radiographer
therapeutic	Diagnostic radiographer
	Therapeutic radiographer
Speech and language therapists	Speech and language therapist
	Speech therapist

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#### About this guidance

#### Applying through the international application process

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

#### General information on completing the forms

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

Please do not send us original documents unless otherwise specified.

#### 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 Registration Department at the contact address on the front of this form. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned.

#### Important points

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

#### What happens next?

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

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

If your application is approved, we will contact you to ask you to pay a registration fee. Once this fee has been received and processed, you will be allocated a registration number and your name will appear on the HPC online Register. The online Register is available to view at www.hpcheck.org. This is the best way for you to check you are registered and for your employer to verify your registration status. 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.

Deleted: If you qualified over two years ago and have not practised your profession, you also need to complete the return to practice requirements and submit the relevant forms to tell us about your updating period.¶

Deleted: 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.

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

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Deleted: Please refer to the section 12 (character reference) for a list of acceptable people.

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<#>adoption certificate;¶

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a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council; a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in

Northern Ireland or Member of the Welsh Assembly;

a Justice of the Peace or other judicial official;

- an Officer in the Armed Forces; or
- Registered Health Professional.

a bank manager;

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

## Verifying your identity

We ask all applicants to provide us with a legible certified photocopy of:

- a document containing your photograph; and
- a document proving your current address. •

Documents you may consider sending us include:

- current signed full passport;
- national identification card and/or other valid documentation relating to immigration status and permission to work in the UK;
- current UK photo card driving licence;
- current full UK driving licence (old version) ٠
- current benefit book or card or original notification letter from the Department for Work and • Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification; •
- marriage or civil partnership certificate;
- divorce order or dissolution order: ٠
- confirmation from an Electoral Register\*: •
- recent utility bill\*; •
- local authority tax bill (valid for the current year);
- bank, building society or credit union statement or passbook containing current address\*; •
- recent mortgate statement from a recognised lender\*;
- current local council rent card or tenancy agreement.

\* If these documents are submitted, the date should be within the last six months.

## If you cannot provide photographic documentation

If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person, indicating the period of time that you have been known to them. They should also provide us with their contact details.

A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

### Certified documents

In the section below, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document/s must write on it 'I certify that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

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Bank manager;¶ Justice of the Peace or other iudicial official: Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;¶ Teacher;¶ Stockbroker:¶ Investment manager;¶ Member of Parliament;¶ Officer in the Armed Forces: or ¶ Registered Health Professional.

#### a bank manager;

- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces: or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

#### Translation of documents

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

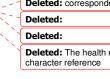
#### Please note:

- All completed application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your contact details are kept up-to-date.
- All references 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.

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#### 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 subject to payment of your registration fee;
- send you a letter on the day we register you; and
- send you a registration certificate and authentication card.

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

The publicly available Register shows:

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

#### **Providing further verification**

If a decision cannot be made based on your application, you may be asked to provide further verification to support your application for registration.

#### Test of competence

If a decision cannot be made based on your application, you may be asked to undertake a test of competence. A test of competence may cover any of the following for the purposes of determining whether you are proficient in relation to:

- knowledge and understanding of the nature and ethical basis of your practice;
- understanding the key concepts of the bodies of knowledge relevant to your practice;
  assessment, before and during the provision of professional services\* and the preparation of
- case histories of exemplars;
- the selection of appropriate professional services\*;
- the delivery of professional services\*, the evaluation of the response to them and their effectiveness;
- giving advice concerning any professional services\*;
- communication with service users, other professionals and other service providers, which may include assessment of the need for referrals or second opinions; and
- record keeping.

For this purpose 'professional services' means treatment, therapy, consultation, intervention or the provision of services as a practitioner psychologist.

A test of competence may be conducted as an oral or written test (or both) and may include a test requiring a practical demonstration. A test of competence will be conducted by assessors who will be registered practitioners from the same part of the Register.

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#### **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.

Your right of appeal against the final decision to reject your application arises if you believe that:

- the decision to reject your application is wrong; and
- you meet the standards of proficiency; and
- you meet the standards of conduct, performance and ethics.

You will need to establish the grounds for your appeal (ie why you believe that the decision taken is wrong) and follow the appeals procedure.

#### The appeals process

If your application is rejected you have 28 days following the date of the letter rejecting your application to write to us to appeal against the decision. We will then provide you with further information on the appeals process.

#### Fraudulent applications

If you falsify information about your identity or any other aspect of your application, the HPC will suspend your application pending an investigation. If such information becomes known to us after you have been registered, an investigation will be launched and your registration may be suspended or terminated. It is a criminal offence to fraudulently obtain registration with the HPC. You may be committing a criminal offence if you supply false information and you may be prosecuted.

#### **EEA** Applicants

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

#### Section 1 Registration details

#### **Previous applications**

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

#### 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.

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#### 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. If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

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

#### Agencies

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

#### Deleted: ¶ -- Page Break--Section 3 Regulatory body membership Deleted: ies If your profession is regulated in your home country or the country in which you practise you should enter the details of your registration here. The distinction should be made between a regulatory body and a professional body; there is a section later where you can enter details of membership of any professional body. This section should be used to inform us of any registration you may have with a regulatory body. If your profession is not currently regulated in your home country it will not affect your application. The assessors will base their assessment on whether or not you demonstrate that you meet the UK standards of proficiency. Similarly, if you are registered with a regulatory body in your home country their standards may be different from ours as there are variations in practices from country to country. Therefore, registration with another regulatory body does not guarantee that you will be accepted for registration with HPC. You must still demonstrate that you meet the UK standards of proficiency. Section 4 Professional body membership Deleted: bodies If you are a member of any professional body please enter the details in section four of the application form. Section 5 Character and health self-declarations Deleted: S Character The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important that you declare to us any

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

#### Health

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

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

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#### Section 6 Education and training

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

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

#### **Course information**

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

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

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

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

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

#### Section 7 Language proficiency

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

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

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

#### Exemption from language proficiency test

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

#### Citizenship of relevant European State

To exempt yourself from providing an English language test you must demonstrate citizenship of a <u>relevant European State</u>. You must provide the appropriate evidence of your citizenship status. This will usually be a certified copy of your passport (which is required anyway) or a certified copy of your national identity card (provided with a certified translation if not already in English).

#### Relevant European States

The relevant European States are:

Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Éire (Republic of Ireland), Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, Iceland, Liechtenstein, Norway and Switzerland.

#### **Dual nationality**

If you hold dual nationality status and one or more of those nationalities are of a relevant European <u>State</u> then you are also exempt from providing proof of your English language proficiency.

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#### Section 8 Career history

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

#### Section 9 <u>Professional</u> reference(s)

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

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

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

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

#### Important points:

- The professional reference must be completed on a HPC professional 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 <u>professional</u> reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you in a sealed envelope and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember <u>that if you provide fraudulent references you may be prosecuted.</u>

### After you've obtained your professional reference

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

### Section 10 Paying your fee

#### Scrutiny fee

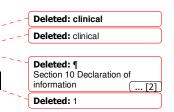
The fee we ask you to send with your application is called a scrutiny fee. This is a one off non-refundable payment of £420. We cannot process your application without this payment.

#### **Registration cycle**

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

Arts therapists

1 June – 31 May



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Biomedical scientists Chiropodists and podiatrists	1 December – 30 November 1 August – 31 July	<b>Deleted:</b> /p
Clinical scientists	1 October – 30 September	Deleted:
Dietitians	1 July – 30 June	
Occupational therapists	1 November – 31 October	
Operating department practitioners	1 December – 30 November	
Orthoptists	1 September – 31 August	
Paramedics	1 September – 31 August	
Physiotherapists	1 May – 30 April	
Practitioner psychologists	<u> 1 June – 31 May</u>	
Prosthetists and orthotists	1 October – 30 September	Deleted: /
Radiographers	1 March – 28 February	
Speech and language therapists	1 October – 30 September	

#### Important note for practitioner psychologists

The Register for practitioner psychologists opened on 1 July 2009. Applications for registration can be made on or after that date.

Each profession we regulate has its own registration cycle which is normally made up of two 'professional years'. However, following a consultation the first registration cycle for practitioner psychologists will be 19 months long rather then two years, so that subsequent renewal of registration takes place in a relatively quieter period. This will mean that we will be able to provide a more efficient service to those renewing their registration.

The first registration cycle will run from 1 November 2009 to 31 May 2011. A pro-rata fee will be payable for this period.

Practitioner psychologist registrants would then slot into the normal two-year registration cycle, renewing their registration every two years.

#### Methods of payment

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

#### Section 11 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.

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#### Section 12 Character reference

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

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that your referee must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly:
   an Officer in the Armed Forces; or

Registered Health Professional.

Formatted: Bullets and Numbering Deleted: <#>Bank manager;¶ <#>Justice of the Peace;¶ <#>Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or ¶

which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or ¶ <#>Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council; **or**¶ <#>Registered health professional¶

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This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

#### 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 that if you provide fraudulent references you may be prosecuted.

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

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

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#### Section 13 Health reference

#### All applicants must provide a health reference

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

#### Important points:

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

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

When your doctor has completed your health reference, it should be returned to you. Keep this with your character and <u>professional</u> 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 for a medical examination. Your doctor can then 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

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#### 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 (2013 for practitioner psychologists), 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

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if you are randomly selected, your CPD audit information.

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

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#### **Refugee applications**

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

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

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

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

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

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

Date Ver. Dept/Cmte Doc Type 2006-04-12 DCB

Title UK Form Status Draft DD: None Int. Aud. Public RD: None 18

#### Data protection information

#### **Subject Information Statement**

The Health Professions Council (HPC) processes your personal data (as defined by the Data Protection Act 1998 (the 1998 Act)) for the following purposes:

- administering your application to register with the HPC and any subsequent renewals;
- maintaining and publishing the health professions Register;
- undertaking regulatory activities for the purposes of the Health Professions Order 2001 (as amended);
- ensuring that you comply with our standards, including but not limited to, ensuring compliance with continuing professional development and educational requirements;
- investigating complaints made about you;
- investigating complaints made by you;
- publishing the results of any complaints made about you or by you;
- transferring your personal data to any other authorised body investigating your activities;
- transferring your name, profession, registration number, registration dates and approximate location of your practice to any member of the public requesting the information and making it available through the publication of the health professions Register;
- transferring your personal data to professional advisors and other third parties involved with the regulation of health professionals;
- statutory and regulatory compliance;
- monitoring equality and diversity information;
- reviewing your medical records and history, including but not limited to any medical reference supplied, to ensure that your health does not impair your fitness to practice;
- maintaining photographic images of you to ensure your identity;
- informing you about the activities of HPC;
- marketing the activities of the HPC;
- transferring your personal data to any business directory so as to ensure only authorised people advertise their services in such directories;
- keeping you informed about any changes to practice or legislation that may affect your practice;
- responding to requests for information from other health professions regulators both within the European Economic Area and worldwide;
- keeping you informed about any developments, activities or products of third parties which may affect or assist your practice; and
- achieving the general and statutory objectives of the HPC.

We collect personal information from you when you communicate with us by any media. We may also collect personal data which relate to you from third parties.

We may contact you by means of electronic communication, including but not limited to email or SMS for the purposes set out above. We will only undertake activities considered to be electronic marketing if permitted to do so by the Privacy and Electronic Communications (EC Directive) Regulations 2003.

#### Sensitive personal data

Certain personal information is categorised by the 1998 Act as "Sensitive Personal Data" as defined by the 1998 Act.

In some circumstances, the HPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health Professions Order 2001 and therefore we do not need to obtain your consent to undertake this processing. In general, the sensitive personal data collected by HPC is limited to information in connection with:

- your racial or ethnic origin;
- your physical or mental health or condition;
- whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992);
- the commission or alleged commission by you of any offence;
- any proceeding taken against you for any offence committed or alleged to have been committed by you; and
- your sexual life.

#### Anonymisation

HPC is required to provide statistical information to a number of different bodies; it also undertakes its own research. In such circumstances it only provides anonymised data.

#### Permitted processing

HPC ensures that it is permitted to process your personal data. If no statutory condition applies to the form of processing we undertake, we can only undertake such processing with your consent. You may withdraw your consent to our processing your personal data for some of the above purposes by writing to the address at the end of this statement.

If a statutory condition applies allowing the HPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HPC ceases to process your personal data as the HPC keeps personal data on registrants for their lifetime.

#### Sharing Your Information

In some circumstances the HPC may be required by law to share sensitive personal data about you to a third party. Otherwise the HPC does not share sensitive personal data outside of the HPC Group without your consent. Your personal data may be shared as set out in the above purposes. If you do not wish us to share your personal data with any third party for marketing purposes, please write to us at the address at the end of this statement.

#### **European Economic Area (EEA)**

Please note that information displayed on our Website or sent to the HPC over the Internet may be transferred outside of the EEA, where data protection laws are not as strong as within the EEA. The information displayed on the website is provided as it is necessary for the public interest. In relation to any information you send via the internet or email, if you have any concerns in relation to such transfers, you should not use the internet or email as a means of communication with the HPC.

#### Monitoring of telephone calls and emails

Your telephone calls and emails to us may be recorded and monitored for quality control purposes. We may also intercept communications made to individual members of staff at the HPC when this is required for business purposes.

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**Status** Draft DD: None Int. Aud. Public RD: None

#### Notification

HPC has notified the Information Commissioner that it processes personal data. The notification number is Z6621691.

#### Contact us

If you have any queries relating to this statement, please contact us by letter at the following address:

Health Professions Council Park House 184 Kennington Park Road London SE11 4BU

Status

Draft DD: None

#### Useful terms

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

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

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

**Data controller** – a person who either jointly, alone or in common with other people determines the purposes for which and the manner in which any personal data are, or are to be, processed.

**Data processor** – any person other than an employee of the data controller, who processes the personal data on behalf of the data controller.

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

Data subject - an individual on whom personal data are processed.

**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.

Status Draft DD: None Int. Aud. Public RD: None

#### Personal data - means:

- any data from which the identity of a living individual can be determined, either by itself or with other data processed by data controller; and
- any information such as name and address, email address, telephone number and general contact details, personal data includes images on film, photographs and telephone voice recordings.

**Processing** – means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data including:

- organisation, adaption or alteration of the information or data;
- retrieval, consultation or use of the information or data;
- disclosure of the information or data by transmission, dissemination or otherwise making available; or
- alignment, combination, blocking, erasure or destruction of the information or data.

**Relative** – has been broadly defined by the Health Professions Council (Registration and Fees) Rules 2003 (as amended) to include in relation to any person:

- (a) his spouse or civil partner;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse or civil partner; or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b),

and for the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

For the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

Sensitive personal data - means personal data consisting of information as to:

- the racial or ethnic origin of the data subject;
- political opinion;
- religious beliefs or other beliefs of a similar nature;
- whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992);
- physical or mental health or condition;
- sexual life;
- the commission or alleged commission of any offence; or
- any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings.

**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.

Date	Ver.	Dept/Cmte	Doc Type	Title
2006-04-12	f	QUA	DCB	UK Form

**Status** Draft DD: None Page 4: [1] Deleted

06/05/2009 10:10:00

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 therap
		Speech therapist

----Page Break-----

Page 13: [2] Deleted

08/05/2009 12:14:00

Section 10 Declaration of information

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

Grandparenting application for registration (for applicants applying through the transitional arrangments	3)
E Registration Department	<b>INSERT LOGO</b>
184 Kennington Park Road, London, SE11 4BU	
To-call number (if calling from UK) 0845 3004 472 or	
+44(0)20 7840 9802	
<sup>4</sup> www.hpc-uk.org	
<sup></sup> <u></u> <i>≣ ∎</i> registration@hpc-uk.org	

Before completing your application form you will need to read the guidance notes for grandparenting 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
A completed application form	
② A 'Paying your scrutiny fee' form with scrutiny fee of £420	
© A completed, signed and dated HPC health reference form	
⑥ A completed, signed and dated HPC character reference form	
© Certified copies of two appropriate documents to confirm your identity	
Certified evidence of any change of name (if applicable)	
I legible certified copy of your qualification certificate(s)     I legible certified copy of your qualification certificate(s)	
@A professional reference(s) (not essential)	

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

Your scrutiny fee		
I enclose a cheque/money order for the amount of £420 My account number is My sort code is I wish to pay by credit/debit card and enclose a 'paying your scrutiny fee' form with my account details		Attach a recent passport size photograph of yourself here. Please do not staple.
For HPC use only		
Date stamp Amount received £	Date of registration	

Application number	Registration number	
Application checked by	Registered by:	

© Health Professions Council, 2003 - 2009

Section 1 Registration details			
Have you previously applied for registration with the HPC? Yes $\Box$ No $\Box$			
If yes, please give your application number			
I am applying for registration as a:			
<ul> <li>Clinical psychologist</li> <li>Educational psychologist</li> <li>Health psychologist</li> <li>Sport and exercise psychologist</li> <li>Counselling psychologist</li> <li>Forensic psychologist</li> <li>Occupational psychologist</li> </ul>			
Section 2 Contact details			
Previous name (if applicable)   Date of birth (DD/MM/YYY)   Nationality   National Insurance number (if applicable)   Country of birth   Town/city of birth   Gender   House/flat number   Street name   Image: Street name			
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          □         □         □	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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 membership (if practised outside the UK)		
Are you or have you been registered with a regulatory body outside the UK? Yes $\Box$ No $\Box$ If yes, please state:		
The name of the regulatory body		
Your registration / license number		
Dates of practice:	from (DD/MM/YYYY)	
Section 4 Professional body membership		

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

Please note, if you are or have been a member of the British Psychological Society (BPS) or the Association of Educational Psychologists (AEP) or you hold a qualification which meant that you could have applied for membership of either organisation, you should apply for registration via the UK application route. Please see our website at: <a href="http://www.hpc-uk.org">www.hpc-uk.org</a> for a list of approved courses.

Castion 5 Eligibility for applying through the transitional arrangements			
Section 5 Eligibility for applying through the transitional arrangements			
Please read the guidance notes carefully, before choosing one of the following two options:			
<b>Route A</b> I have been wholly or mainly engaged in the lawful, safe and effective practice of my profession for three out of the five years prior to the date of the Register opening and am therefore making an application under Article 13(2)(a) Yes No			
How many hours per week, on average, have you practised the profession for which you are seeking registration?			
Dates of practice: from (DD/MM/YYYY)			
Route BI have not been wholly or mainly engaged in the lawful, safe and effective practice of my profession for three out of five years prior to the date of the Register opening, but have undertaken additional training or experience and am therefore making an application under Article 13(2)(b) Yes $\square$ No $\square$ How many hours per week, on average, have you practised the profession for which you are seeking registration? $\square$			
Section 6 Proof of practice			
Do you hold or have you ever held professional indemnity insurance? Yes No Yes No Yes No Have any claims been made on your insurance? Yes No Yes No Have you ever had such insurance refused or altered subject to any increased premiums or loaded terms? Yes No I Yes No I fyou have answered 'yes' to any of the above questions, please provide full details on a separate sheet.			
Section 7 Statement of practice			

Please provide a description of your areas of professional practice on a separate sheet. Your statement of practice must consist of no more than 1500 words and must set out your practical experience. Your statement may be supported by not more than three case studies which are based upon your own professional experience.

#### Section 8 Character and health self-declarations

No 🗆

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

Yes 🗖

If yes, please give details on a separate sheet.

	Have you been discipline	ed by a profes	sional or regulatory body or your employer?	
	Yes 🗖	No 🗖	If yes, please give details on a separate sheet.	
	Have you had civil proce brought against you?		than a divorce/dissolution of a marriage or civil partnership)	
	Yes	No 🗖	If yes, please give details on a separate sheet.	
l	Do you have any condition	on that would	affect your ability to practice?	Deleted:
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.	
[	Section 9 Education	and training		
	If you are a route B applicant, please provide details of your professional education and training (ie your qualification for the profession for which you are seeking registration)			
	Title of your relevant qua	alification		
	Course start date (DD/M	M/YYYY)		
	Course end date (DD/MM	M/YYYY)		
	Name of educational inst	titution		
	-			
	Street name			
	Town/city			
	County/state			
	Postcode/zipcode			

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

Title of 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.

# Section 10 Career history

Please provide a summary of your career history relevant to the profession within which you are applying for registration. Please list most recent first.

Employer's name			
Your job title			
Address			
Address			
Address			
Town/city			
County/state			
Postcode/zipcode			
Country			
·			
Contact name (eg s			
Job title of contact			
Work telephone nui			
Employment start d	Employment start date (DD/MM/YYYY)		
Employment end da			
(leave blank if you a	are still in this employment)		
(leave blank if you a			
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment)		
(leave blank if you a	are still in this employment) please tell us about your main duties and responsibilities.		
(leave blank if you a	are still in this employment) please tell us about your main duties and responsibilities.		
(leave blank if you a In the space below,	are still in this employment) please tell us about your main duties and responsibilities.		
(leave blank if you a In the space below,	are still in this employment) please tell us about your main duties and responsibilities.		
(leave blank if you a In the space below,	are still in this employment) please tell us about your main duties and responsibilities.		

# Career history (continued)

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

# Career history (continued)

Employer's name		
Your job title		
Address		
Address		
Address		
Town/city		
County/state		
Postcode/zipcode		
Country		
Contact name (eg s		
Job title of contact		
Work telephone nur		
Employment start d		
Employment end date (DD/MM/YYYY)		
employment)	······································	
employment)		
employment)	please tell us about your main duties and responsibilities.	
employment)		

#### Section 11 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 the applicants line manager or supervisor or responsible for them in a professional way. You must not be a relative of the applicant.

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

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

#### Professional reference form 1

This section is to be completed by the applicant.

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 has been a line manager or otherwise responsible for the applicant in a professional way.

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

	the second se		
Your title	Mr Mrs Miss Ms Other (please specify)		
Your first name			
Your surname/family name			
Previous name/s			
Job title/position			
Work address			
Street name			
Town/city			
County/state			
Postcode/zipcode			
Country			
Date of birth (DD/MM/YYYY)			
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			
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)?
Job title/position of the applicant	
How long have you known the applicant?	$\Box$ years $\Box$ months
Dates applicant was employed/volunteered	Start date (DD/MM/YYYY)
	End date (DD/MM/YYYY)

Full-time hours per week	Full-time	hours	per week	
--------------------------	-----------	-------	----------	--


 $\Box\Box$ 

Part-time hours per week

Please describe the work setting(s) and give an indication of the range of patients, clients or users and the type of conditions treated.

Please tell us about the types of assessment, treatment and evaluation methods that the applicant used during their time under your supervision.


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. 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.

	Signed
--	--------

#### Professional reference form 2

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 has been a line manager or otherwise responsible for the applicant in a professional way.

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

Your title	Mr Mrs Miss Ms Oother (please specify)
Your first name	
Your surname/famil	y name 000000000000000000000000000000000000
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	

#### This section is to be completed by the applicant.

## Date of birth (DD/MM/YYYY)

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/famil	y name 000000000000000000000000000000000000	
Previous name/s		
Job title/position		
Work address		
Street name		
Town/city		
County/state		
Postcode/zipcode		
Country		
Telephone number		
Mobile number		
Email address		
Please use the following section to tell us about the applicant.		
Qualifications		

In what capacity is the applicant known to you	u (eg employee, student, volunteer)?
Job title/position of the applicant	
How long have you known the applicant?	□□ years □□ months
Dates applicant was employed/volunteered	Start date (DD/MM/YYYY)

Full-time hours per week	Full-time	hours	per week	
--------------------------	-----------	-------	----------	--


Part-time hours per week

Please describe the work setting(s) and give an indication of the range of patients, clients or users and the type of conditions treated.

Please tell us about the types of assessment, treatment and evaluation methods that the applicant used during their time under your supervision.

•••••	 	 	 	 

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. 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.

	Signed
--	--------

#### Section 12 Paying your scrutiny fee

Insert the most up-to-date info here

#### Section 13 Declaration of information

- 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 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 12.
- 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.

Signature .....

#### Section 14 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. This means that you must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland, Member of Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

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 grandparenting applicants.

#### Please return this form to the applicant once complete.

Applicant d	etails
Name	
Address	
Profession	
Referee det	ails
Name	
Occupation	
If you are a	member of a professional or regulatory body, please provide its name and your
Practice or b	business address
Telephone	
Please state	capacity in which you know the applicant

I confirm that I have known the applicant for  $\Box$  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)

#### Section 15 Health reference

#### 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 Health Professions Council (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 that jurisdiction.

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

You must not be a relative of the applicant.

#### Your professional opinion

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

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

#### Fees

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

#### **Further questions**

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

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

#### Health reference continued

#### 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 read the attached notes before providing the health reference.

#### Please return this form to the applicant once complete.

#### **Applicant details**

Name	
Profession	
Address	

#### **Referee details**

Name	
Practice address	
Telephone number	
Regulatory body (if applicable	
Registration number (if applicable	$) \Box \Box$

I confirm that I am a registered medical practitioner and that I have obtained the consent of the applicant to disclose the information contained in this reference to the HPC and (please tick one of the following options that applies):

I have been the applicant's registered medical practitioner for at least three years and based on my personal knowledge I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above; or

Having been given the applicant's medical records for the last three years, I have examined these records and based on my examination of these records I am satisfied that the applicants's health does not affect their ability to practise the profession referred to above; or

I have examined the applicant and based on this examination I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above.

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)

Practice stamp

# Guidance for grandparenting applicants (for applicants applying through the transitional arrangments)

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

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

## Introduction

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

# About this guidance

- Applying through the transitional arrangements
- Lawful, safe and effective practice
- Statement of professional status
- · General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Certified documents
- Verifying your identity
- If you cannot provide photographic documentation
- Translation of documents

## Outcomes of an application

- Incomplete applications
- Successful applications
- Providing further verification
- Test of competence
- Rejected applications
- The appeals process
- Fraudulent applications

#### Section 1 Registration details

• Previous applications

# Section 2

## Contact details

- Name change
- Home address
- Work address
- Agencies

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Section 3 Regulatory body membership (if practised outside the UK)

Section 4 Professional body membership

Section 5 Eligibility for applying for registration under the transitional arrangements

Section 6 Proof of practice

Section 7 Statement of practice

Section 8 Character and health self-declarations

Section 9 Education and training

Course information

Section 10 Career history

Section 11 Professional reference(s)

# Section 12

Paying your fee

- Scrutiny fee
- Registration cycle
- Methods of payment

Section 13 Declaration of information

Section 14 Character reference

Section 15 Health reference

## Appendix: other helpful information

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

#### Data protection information

Useful terms

#### About the HPC

We are the Health Professions Council. We are a regulator of health professionals and our job is to protect the health and wellbeing of people who use the services of the health professionals registered with us.

To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills and their health. We publish a register of health professionals who meet our standards.

We currently regulate 14 health professions, these are:

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

#### How we are run

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

#### About registration

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

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

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

#### Applying for registration

The information provided by applicants helps us to know that:

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

#### Meeting our standards

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

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

#### **Protected titles**

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

Part of Register	Title
Arts therapists: Music, Drama or	Art therapist
Art	Art psychotherapist
	Dramatherapist
	Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists and podiatrists	Chiropodist
	Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian
	Dietician
Occupational therapists	Occupational therapist
Operating department	Operating department
practitioners	practitioner
Orthoptists	Orthoptist
Paramedics	Paramedic
Physiotherapists	Physiotherapist
	Physical therapist
Practitioner psychologists	Practitioner psychologist
	Registered psychologist
	Clinical psychologist
	Counselling psychologist
	Educational psychologist
	Forensic psychologist
	Health psychologist
	Occupational psychologist
	Sport and exercise psychologist
Prosthetist and orthotist	Prosthetist and orthotist
	Prosthetist
	Orthotist
Radiographers: diagnostic or	Radiographer
therapeutic	Diagnostic radiographer
	Therapeutic radiographer
Speech and language therapists	Speech and language therapist
	Speech therapist

# About this guidance

#### Applying through the transitional arrangements

This application is for those who do not hold an approved qualification, but who can demonstrate through their training and experience that they meet our standards. The transitional period (also known as the 'grandparenting' period) is time limited to three years beginning on the date the practitioner psychologists part of the HPC Register opens.

#### Lawful, safe and effective practice

In determining whether an applicant has spent any part of his or her working time in the lawful, safe and effective practice of a relevant profession, consideration will be given to the period during which the applicant;

- has been included in the register of any regulatory or professional body for the relevant profession;
- has maintained professional indemnity insurance in respect of the practise of that profession;
- is stated, in a 'statement of professional status' to have been practising that profession;
- has, in other circumstances, practised that profession.
- the nature and extent of his or her practice during any such period.

In determining whether an applicant has practised the relevant profession safely, consideration will be given to any:

- complaint made to any regulatory or professional body for the relevant profession;
- claim made under a contract of insurance providing professional indemnity to the applicant; and;
- proceedings (whether criminal or civil) brought against the applicant in connection with the practise of that profession.

To help us determine whether you have practised your profession effectively, you must provide a 'statement of practice' which sets out your practical experience. Your statement may be supported by no more than three case studies which are based on your own professional experience.

To help us determine whether you have practised your profession effectively, we will consider:

- the completed statement of practice; and
- the required standard of proficiency for your profession.

## Statement of professional status

A statement of professional status is a statement as to the number of years a person has been practising their profession by a person of standing in the community. A person (eg a doctor, solicitor or accountant) will be recognised as a person of professional standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland, Member of Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

## 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 relevant questions as fully as possible. If you qualified over two years ago and have not practised your profession, you also need to complete the return to practice requirements and submit the relevant forms to tell us about your updating period.

Please do not send us original documents unless otherwise specified.

## 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 Registration Department at the contact address on the front of this form. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned.

## Important points

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

#### What happens next?

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

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

Once we have processed your application, if you are successful you will be asked to pay the registration fee. When your payment has been received and processed your name will be placed on the Register. We will write to you to tell you your registration number and we will also send you a certificate and authentication card.

As soon as you have been registered you will be allocated a registration number and your name will appear on the HPC online Register. The online Register is available to view at <u>www.hpcheck.org</u>. This is the best way for you to check you are registered and for your employer to verify your registration status. 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.

## **Certified documents**

In the section below, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document/s must write on it 'I certify that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland, Member of Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

# Verifying your identity

We ask all applicants to provide us with a legible certified photocopy of:

- a document containing your photograph; and
- a document proving your current address.

Documents you may consider sending us include:

- current signed full passport;
- national identification card and/or other valid documentation relating to immigration status and permission to work in the UK;
- current UK photo card driving licence;
- current full UK driving licence (old version)
- current benefit book or card or original notification letter from the Department for Work and Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification;
- marriage or civil partnership certificate;
- divorce order or dissolution order;
- confirmation from an Electoral Register\*;
- recent utility bill\*;
- local authority tax bill (valid for the current year);
- bank, building society or credit union statement or passbook containing current address\*;
- recent mortgate statement from a recognised lender\*;
- current local council rent card or tenancy agreement.

\* If these documents are submitted, the date should be within the last six months.

# If you cannot provide photographic documentation

If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person, indicating the period of time that you have been known to them. They should also provide us with their contact details.

A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland, Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

# **Translation of documents**

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

# Please note:

- All completed application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your contact details are kept up to date.
- All references 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 subject to payment of the registration fee;
- send you a letter on the day we register you; and
- send you a registration certificate and authentication card.

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

The publicly available Register shows:

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

#### Providing further verification

If a decision cannot be made based on your application, you may be asked to provide further verification to support your application for registration.

#### Test of competence

If a decision cannot be made based on your application, you may be asked to undertake a test of competence. A test of competence may cover any of the following for the purposes of determining whether you are proficient in relation to:

- knowledge and understanding of the nature and ethical basis of your practice;
- understanding the key concepts of the bodies of knowledge relevant to your practice;
- assessment, before and during the provision of professional services<sup>\*</sup> and the preparation of case histories of exemplars;
- the selection of appropriate professional services\*;
- the delivery of professional services\*, the evaluation of the response to them and their effectiveness;
- giving advice concerning any professional services\*;
- communication with service users, other professionals and other service providers, which may
  include assessment of the need for referrals or second opinions; and
- record keeping.

For this purpose 'professional services' means treatment, therapy, consultation, intervention or the provision of services as a practitioner psychologist.

A test of competence may be conducted as an oral or written test (or both) and may include a test requiring a practical demonstration. A test of competence will be conducted by assessors who will be registered practitioners from the same part of the Register.

#### **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.

Your right of appeal against the final decision to reject your application arises if you believe that:

- the decision to reject your application is wrong; and
- you meet the standards of proficiency; and
- you meet the standards of conduct, performance and ethics.

You will need to establish the grounds for your appeal (ie why you believe that the decision taken is wrong) and follow the appeals procedure.

#### The appeals process

If your application is rejected you have 28 days following the date of the letter rejecting your application to write to us to appeal against the decision. We will then provide you with further information on the appeals process.

#### Fraudulent applications

If you falsify information about your identity or any other aspect of your application, the HPC will suspend your application pending an investigation. If such information becomes known to us after you have been registered, an investigation will be launched and your registration may be suspended or terminated. It is a criminal offence to fraudulently obtain registration with the HPC. You may be committing a criminal offence if you supply false information and you may be prosecuted.

# Section 1 Registration details

#### **Previous applications**

If you have previously applied for registration with us please tell us your application number. Please also tell us which domain you wish to be registered in.

## Section 2 Contact details

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

#### Name change

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

#### Home address

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

#### Work address

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

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

# Agencies

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

# Section 3 Regulatory bodies (if you have practised outside the UK)

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

## Section 4 Professional bodies

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

#### Section 5 Eligibility for applying through the transitional arrangements

Article 13 of the Health Professions Order (HPO) 2001 provides that, during a transitional period of three years beginning with the date on which the registered practitioner psychologists part of the HPC Register opens, a person who does not hold an approved qualification and who has never been registered in the British Psychological Society (BPS) or Association of Education Psychologists (AEP) register may, in certain circumstances, be treated as if he or she satisfied the requirements to hold an approved qualification for registration.

Those circumstances are set out in Article 13(2) of the Order and require the applicant to satisfy the Council's Education and Training committee that either:

- A) he or she has been wholly or mainly engaged in the lawful, safe and effective practice of one of the forms of psychology regulated by HPC for three out of the five years prior to the opening of the Register (or its part time equivalent); or
- B) where the applicant cannot meet that 'three out of five years' test, that he or she has undergone additional training and/or experience to satisfy the requisite standard of proficiency for the relevant profession.

For the purposes of applications made under Route A, we consider 'wholly or mainly engaged' to be approximately 35 hours of practice per week. We consider approximately 16 hours of practice per week as the part time equivalent. We recognise that circumstances vary and because of this, we will consider each application individually taking into account all the information provided.

## Section 6 Proof of practice

Please complete this section if you have held professional indemnity insurance. Please provide us with detailed information about your insurance record, including the length of time for which you have held the insurance. We will use this information to help determine the length of time for which you have been practising and also the safety of your practice. We may contact your insurers in the course of assessing your application.

# Section 7 Statement of practice

Please provide a description of your areas of professional practice on a separate sheet. Your statement of practice must consist of no more than 1500 words and must set out your practical experience. Your statement may be supported by not more than three case studies which are based upon your own professional experience.

#### Section 8 Character and health self-declarations

#### Character

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

#### Health

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

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

#### Section 9 Education and training

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

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

## Section 10 Career history

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

# Section 11 Professional reference(s)

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

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

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

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

#### Important points:

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

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

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

## Section 12 Paying your fee

#### Scrutiny fee

The fee we ask you to send with your application is called a scrutiny fee. This is a one off nonrefundable payment of £420. We cannot process your application without this payment.

#### **Registration cycles and professional years**

The Register for practitioner psychologists opened on 1 July 2009. Applications for registration can be made on or after that date.

Each profession we regulate has its own registration cycle which is normally made up of two 'professional years'. However, following a consultation the first registration cycle for practitioner psychologists will be 19 months long rather then two years, so that subsequent renewal of registration takes place in a relatively quieter period. This will mean that we will be able to provide a more efficient service to those renewing their registration.

The first registration cycle will run from 1 November 2009 to 31 May 2011. A pro-rata fee will be payable for this period.

Practitioner psychologist registrants would then slot into the normal two-year registration cycle, renewing their registration every two years.

#### Methods of payment

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

# Section 13 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 14 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 means that your referee must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland, Member of Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

## Important points

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

## After you've obtained your character reference

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

# Section 15 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 ٠ have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and • provide their practice address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We do not need a consent letter from you for a registered medical practitioner to release information. When you give your referee the health reference form you are giving your consent for them to complete this document.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted. •

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

When your doctor has completed your health reference, it should be returned to you. Keep this with your character and professional 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 for a medical examination. Your doctor can then 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

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Doc Type Title UK Form

DCB

Status Draft DD: None

# Appendix: other helpful information

#### Our standards

Please read the following two documents before submitting your application:

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

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

#### **Continuing professional development**

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. When your profession renews its registration in 2013, 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
- from 2013, if you are randomly selected, your CPD audit information.

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

Ver.

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**Doc Type** 

DCB

#### Data protection information

#### Subject Information Statement

The Health Professions Council (HPC) processes your personal data (as defined by the Data Protection Act 1998 (the 1998 Act)) for the following purposes:

- administering your application to register with the HPC and any subsequent renewals;
- maintaining and publishing the health professions Register; •
- undertaking regulatory activities for the purposes of the Health Professions Order 2001 (as . amended):
- ensuring that you comply with our standards, including but not limited to, ensuring compliance • with continuing professional development and educational requirements;
- investigating complaints made about you; ٠
- investigating complaints made by you; .
- publishing the results of any complaints made about you or by you: •
- transferring your personal data to any other authorised body investigating your activities; •
- transferring your name, profession, registration number, registration dates and approximate • location of your practice to any member of the public requesting the information and making it available through the publication of the health professions Register;
- transferring your personal data to professional advisors and other third parties involved with • the regulation of health professionals;
- statutory and regulatory compliance; .
- monitoring equality and diversity information; .
- reviewing your medical records and history, including but not limited to any medical reference • supplied, to ensure that your health does not impair your fitness to practice;
- maintaining photographic images of you to ensure your identity; •
- informing you about the activities of HPC; •
- marketing the activities of the HPC; •
- transferring your personal data to any business directory so as to ensure only authorised people advertise their services in such directories:
- keeping you informed about any changes to practice or legislation that may affect your • practice;
- responding to requests for information from other health professions regulators both within the European Economic Area and worldwide;
- keeping vou informed about any developments, activities or products of third parties which ٠ may affect or assist your practice; and
- achieving the general and statutory objectives of the HPC. •

We collect personal information from you when you communicate with us by any media. We may also collect personal data which relate to you from third parties.

We may contact you by means of electronic communication, including but not limited to email or SMS for the purposes set out above. We will only undertake activities considered to be electronic marketing if permitted to do so by the Privacy and Electronic Communications (EC Directive) Regulations 2003.

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DCB

#### Sensitive personal data

Certain personal information is categorised by the 1998 Act as "Sensitive Personal Data" as defined by the 1998 Act.

In some circumstances, the HPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health Professions Order 2001 and therefore we do not need to obtain your consent to undertake this processing. In general, the sensitive personal data collected by HPC is limited to information in connection with:

- your racial or ethnic origin;
- your physical or mental health or condition;
- whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992);
- the commission or alleged commission by you of any offence;
- any proceeding taken against you for any offence committed or alleged to have been committed by you; and
- your sexual life.

## Anonymisation

HPC is required to provide statistical information to a number of different bodies; it also undertakes its own research. In such circumstances it only provides anonymised data.

## Permitted processing

HPC ensures that it is permitted to process your personal data. If no statutory condition applies to the form of processing we undertake, we can only undertake such processing with your consent. You may withdraw your consent to our processing your personal data for some of the above purposes by writing to the address at the end of this statement.

If a statutory condition applies allowing the HPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HPC ceases to process your personal data as the HPC keeps personal data on registrants for their lifetime.

## Sharing Your Information

In some circumstances the HPC may be required by law to share sensitive personal data about you to a third party. Otherwise the HPC does not share sensitive personal data outside of the HPC Group without your consent. Your personal data may be shared as set out in the above purposes. If you do not wish us to share your personal data with any third party for marketing purposes, please write to us at the address at the end of this statement.

## European Economic Area (EEA)

Please note that information displayed on our Website or sent to the HPC over the Internet may be transferred outside of the EEA, where data protection laws are not as strong as within the EEA. The information displayed on the website is provided as it is necessary for the public interest. In relation to any information you send via the internet or email, if you have any concerns in relation to such transfers, you should not use the internet or email as a means of communication with the HPC.

## Monitoring of telephone calls and emails

Your telephone calls and emails to us may be recorded and monitored for quality control purposes. We may also intercept communications made to individual members of staff at the HPC when this is required for business purposes.

#### Notification

HPC has notified the Information Commissioner that it processes personal data. The notification number is Z6621691.

#### Contact us

If you have any queries relating to this statement, please contact us by letter at the following address:

Health Professions Council Park House 184 Kennington Park Road London **SE11 4BU** 

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# 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.

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

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

**Data controller** – a person who either jointly, alone or in common with other people determines the purposes for which and the manner in which any personal data are, or are to be, processed.

**Data processor** – any person other than an employee of the data controller, who processes the personal data on behalf of the data controller.

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

Data subject - an individual on whom personal data are processed.

**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.

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#### Personal data - means:

- any data from which the identity of a living individual can be determined, either by itself or with • other data processed by data controller; and
- any information such as name and address, email address, telephone number and general • contact details, personal data includes images on film, photographs and telephone voice recordings.

**Processing** – means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data including:

- organisation, adaption or alteration of the information or data:
- retrieval, consultation or use of the information or data; ٠
- disclosure of the information or data by transmission, dissemination or otherwise making ٠ available: or
- alignment, combination, blocking, erasure or destruction of the information or data. ٠

**Relative** – has been broadly defined by the Health Professions Council (Registration and Fees) Rules 2003 (as amended) to include in relation to any person:

- (a) his spouse or civil partner;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse or civil partner; or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b),

and for the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

For the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

Sensitive personal data – means personal data consisting of information as to:

- the racial or ethnic origin of the data subject:
- political opinion; ٠
- religious beliefs or other beliefs of a similar nature; •
- whether a member of a trade union (within the meaning of the Trade Union and Labour • Relations (Consolidation) Act 1992);
- physical or mental health or condition; •
- sexual life; ٠
- the commission or alleged commission of any offence; or •
- any proceedings for any offence committed or alleged to have been committed, the disposal of • such proceedings or the sentence of any court in such proceedings.

Work address – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eq 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.

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registered)	<b>V</b>			•					
184 Kennington Park Road, London, SE11 4BU									
Lo-call number (if calling from UK) 0845 3004 472 or									
020 7840 9802		Inse	rt logo he	ere					
<sup>™</sup> www.hpc-uk.org		mee	it logo ile						
≢=/registration@hpc-uk.org									
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Your surname/family name						-			
Your profession		ШЦL							
Once you have completed this application form, pl	ease make a pho	tocopy o	of it and a	all of the	he supr	ortina			
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Section 1 Registration details

Please provide your registration number When did you last practice your profession? (DD/MM/YYYY) I am applying for registration as a/an... (see guidance notes for details of protected titles) Arts therapist Operating department practitioner П **Biomedical scientist** Paramedic П Chiropodist and podiatrist Physiotherapist Deleted: Prosthetist/orthotist  $\square$ Clinical scientist Practitioner psychologist Deleted: Radiographer  $\square$ Prosthetist and orthotist Dietitian Deleted: Speech and П Occupational therapist Radiographer\_ language therapist П  $\Box$ Orthoptist Speech and language therapist If you have chosen practitioner psychologist please cross the box(es) relevant to you Clinical psychologist Counselling psychologists Educational psychologist Forensic psychologist Health psychologist Occupational psychologist Formatted: Indent: First line: Sport and exercise psychologist 1.27 cm If you have chosen arts therapist please cross the box(es) relevant to you Art psychotherapist Art therapist  $\square$ Dramatherapist Music therapist If you have chosen prosthetist and orthotist please cross the box(es) relevant to you Deleted: / Prosthetist Orthotist If you have chosen radiographer please cross the box(es) relevant to you Therapeutic radiographer 11 Diagnostic radiographer If you have chosen clinical scientist please cross the box(es) relevant to you Audiology Cellular science **Clinical biochemistry** Embryology **Clinical** genetics Haematology П Clinical immunology | | Histocompatibility and immunogenetics П П Clinical microbiology Medical physics and clinical engineering  $\square$ Clinical physiology

# Section 2 Contact details

Previous name (if a Date of birth (DD/M Nationality National Insurance Country of birth Town/city of birth Gender		Deleted:
Home contact deta House/flat number Street name Town/city County Postcode/zipcode Country Telephone number Mobile number	nils	
communications for	mail address I consent to the HPC sending me electronic marketing or the purposes set out in the HPC subject information statement provided attached to this application form.	
Organisation Street name Town/city County Postcode/zipcode Country Telephone number Mobile number		
	mail address I consent to the HPC sending me electronic marketing or the purposes set out in the HPC subject information statement provided	

to me in the notes attached to this application form.

Email address																												]
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Section 3 Character and health s	self-declarations	
Have you been convicted of a crimina a criminal offence for which you receive	offence, received a police caution or been convicted of red a conditional discharge?	
Yes 🗆 No 🗖	If yes, please give details on a separate sheet.	
Have you been disciplined by a profes	sional or regulatory body or your employer?	
Yes No No	If yes, please give details on a separate sheet.	
Have you had civil proceedings (other brought against you?	than a divorce or dissolution of a marriage or civil partnership)	Deleted: /
	If yes, please give details on a separate sheet.	
Do you have any condition that would	affect your ability to practise?	<b>Deleted:</b> Are you suffering from
Yes 🛛 No 🗖	If yes, please give details on a separate sheet.	

Section 4 Practice outside the United Kingdom (UK) form		
undertake a period your application. If you have worked	d your profession outside the UK during the last two years, you do not need to of updating. If this applies to you, please complete this form and include it with for several different employers, please photocopy or print off as many copies of	
this form as you nee		
Your first name		
Your surname/famil	ly name	
Please tell us whe	re you were employed:	
Department		
Organisation		
Street name		
Town/city		
County/state		
Postcode/zipcode		
Country		
Name of Manager		
Job title:		
Email address:		
Telephone number		
Dates you practised outside of the UK: From		
DD/MM/YYYY		
Please complete one of the sections below:		
Whilst practising of	outside the UK, I was registered with the following regulator:	
Name of regulator		
Address		
Telephone number		
Website address		
Your registration number (or equivalent)		
My profession is not regulated in the country where I practised.		

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Section <u>5</u> Paying your fees – please read the guidance notes on paying your fees	Deleted: 4
Your first payment must be made by cheque or money/postal order. We do not accept bank transfers or direct debit payments for this initial fee. The fee we charge is called a readmission fee. The fee includes the first year (or part year) of registration. The fee is reduced if you are making an application for readmission within one month of the date your registration lapsed. We cannot process your application without a payment.	
Please choose one of the following four options:	
<ul> <li>Option 1</li> <li>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 and a cheque/money order for the amount of £76.</li> <li>Option 2</li> </ul>	
I am applying for readmission within one month of the date my name was lapsed from the Register. I <b>do not</b> wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of <b>£152</b> .	
Option 3 I am applying for readmission and it has been over a month since my name was lapsed from the Register. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £191.	
Option 4 J am applying for readmission and it has been over a month since 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 £267.	Formatted: D. Formatted: Bullets and Numbering
Important note for practitioner psychologists If you are applying for readmission between 1 November 2009 and 31 May 2010 the fee you will need to pay is reduced. This is because the first registration cycle for practitioner psychologists will be 19 months long rather then two years, so that subsequent renewal of registration takes place in a relatively quieter period.	
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. My application is being made before 1 June 2010. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £44.33.         Option 2	Formatted: Bullets and Numbering
I am applying for readmission within one month of the date my name was lapsed from the Register. My application is being made after 1 June 2010. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £76. Option 3	Formatted: Bulleted + Level: 1 + Aligned at: 1.27 cm + Tab after: 2.54 cm + Indent at: 2.54 cm
☐ I am applying for readmission within one month of the date my name was lapsed from the Register. My application is being made <b>before 1 June 2010.</b> I <b>do not</b> wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of <b>£120.33</b> .	Formatted: Bullets and Numbering

Option 4			
	I am applying for readmission within one month of the date my name was lapsed from		Formatted: Bullets and Numbering
	the Register. My application is being made <b>after 1 June 2010</b> . I <b>do not wish</b> to pay		Formatted: Font: Bold
Option 5	future fees by direct debit. I enclose a cheque/money order for the amount of £76.		
	I am applying for readmission and it has been over a month since my name was lapsed from the Register. My application is being made before 1 June 2010. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money		Formatted: Bullets and Numbering
	order for the amount of £159.33.		
Option 6	I am applying for readmission and it has been over a month since my name was lapsed * from the Register. My application is being made after 1 June 2010. I wish to pay		Formatted: Bullets and Numbering
	future fees by direct debit. I enclose a direct debit instruction and a cheque/money		
	order for the amount of <b>£191.</b>		
Option 7	4·		Formatted: Indent: Left: 1.27 cm
	I am applying for readmission and it has been over a month since my name was lapsed *		Formatted: Bullets and Numbering
	from the Register. My application is being made <b>before 1 June 2010.</b> I <b>do not</b> wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of		
	£235.33,		Formatted: Font: Not Bold
Option 8	I am applying for readmission and it has been over a month since my name was lapsed * from the Register. My application is being made after 1 June 2010. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £191.		Formatted: Bullets and Numbering
Please com	plete the direct debit instruction if you have chosen option 1, 2, 5 and 6		Deleted: ¶
Flease com	piete the direct debit instruction if you have chosen option 1, 2, 3 and 0	 \	¶
INSERT	DIRECT DEBIT INSTRUCTION AND GUARANTEE		¶ ¶ _¶
HERE		Ň	Deleted: or option 3

# Section 6 Declaration of information

- 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 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).
- l agree to pay the fees for my registration using the option chosen by me in section 5.
- 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
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# Section 7 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. This means that you must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- <u>a bank manager;</u>
  <u>a Justice of the Peace or other</u>
- judicial official; a minister of the Church, Rabbi,
- Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

1.11 cm **Deleted:** <#>Bank manager;¶ <#>Justice of the Peace;¶ <#>Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or ¶ <#>Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council.¶

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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 readmission applicants.

#### Please return this form to the applicant once complete.

#### **Applicant details**

Name	
Address	
Profession	
Referee det	ails
Name	
Occupation	
	member of a professional or regulatory body, please provide its name and your p/registration number

10

Practice or business address
Please state capacity in which you know the applicant

I confirm that I have known the applicant for  $\Box$  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. 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)		Signature
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Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.	
2006-05-25	g	QUA	DCB	UK Form	Draft	Public	
	-				DD: None	RD: None	

#### 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 Health Professions Council (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 that jurisdiction,

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

You must not be a relative of the applicant.

#### Your professional opinion

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

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

#### Fees

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

#### **Further questions**

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

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

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Date Ver. Dept/Cmte Doc Type 2006-05-25 UK Form g

Title

Status Draft DD: None Int. Aud. Public RD: None

#### Health reference continued

#### 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 read the attached notes before providing the health reference.

#### Please return this form to the applicant once complete.

#### **Applicant details**

Name	
Profession	
Address	

#### **Referee details**

Name	
Practice address	
Telephone number	
Regulatory body (if applicable	
Registration number (if applicable	$) \square \square$

I confirm that I am a registered medical practitioner and that I have obtained the consent of the applicant to disclose the information contained in this reference to the HPC and (please tick one of the following options that applies):

L I have been the applicant's registered medical practitioner for at least three years and based on my personal knowledge I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above; or

Having been given the applicant's medical records for the last three years, I have examined these records and based on my examination of these records I am satisfied that the applicants's health does not affect their ability to practise the profession referred to above; or

I have examined the applicant and based on this examination I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above.

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. 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.

Date	Ver.	Dept/Cmte	Doc Type	Title
2006-05-25	g	QUA	DCB	UK Form

Status Draft DD: None **Int. Aud.** Public RD: None by signing this reference you commit that the mornation that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYYY)

Practice stamp

Date 2006-05-25 Ver. Dept/Cmte g QUA Doc Type DCB g

**Title** UK Form

Status Draft DD: None

Int. Aud. Public RD: None

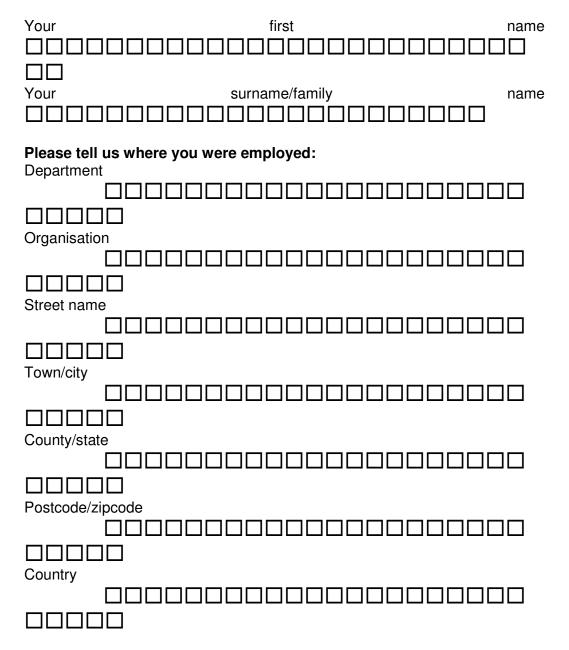
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Section 5 Practice outside the United Kingdom (UK) form

If you have practised your profession outside the UK during the last two years, you do not need to undertake a period of updating. If this applies to you, please complete this form and include it with your application.

If you have worked for several different employers, please photocopy or print off as many copies of this form as you need.



Name of Manager
Dates you practised outside of the UK:FromIDD/MM/YYYYToI
Please complete one of the sections below:
Whilst practising outside the UK, I was registered with the following regulator:
Address
Your registration number (or equivalent)

# My profession is not regulated in the country where I practised.

Dates you practised outside of the UK:	From			$/\Box$		/					
--	------	--	--	---------	--	---	--	--	--	--	--

DD/MM/	YYYY
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# Guidance for readmission applicants (applicants who have previously been registered)

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

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

#### Introduction

- About the Health Professions Council (HPC)
- How we are run
- About registration
- Applying for 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
- Certified documents
- Verifying your identity
- If you cannot provide photographic documentation
- Translation of documents

#### Outcomes of an application

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

#### Section 1

- Registration details
  - Previous applications

# Section 2

#### **Contact details**

- Name change
- Home address
- Work address
- Agencies

© Health Professions Council, 2003 - 2009

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# Section 3

Character and health self-declarations		Deleted: S
Section 4		<b>Deleted:</b> < <b>#</b> >Character¶ < <b>#</b> >Health¶
Practice outside the United Kingdom (UK) form <u>Section 5</u> <u>Paying your fees</u>		Deleted: Section 4¶ Paying your fees¶ <#>Readmission fee¶ <#>Registration cycle¶ <#>Methods of payment¶ ¶
Readmission fee	• · · · · · · · · · · · · · · · · · · ·	Deleted: 5
<ul> <li>Registration cycle</li> <li>Note for practitioner psychologists</li> </ul>	λ.	Formatted: Bullets and Numbering
<ul> <li>Methods of payment</li> </ul>		
Section 6		Deleted: ¶
Declaration of information		

Section 7 **Character reference** 

Section 8 Health reference

# Appendix: other helpful information

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

# Data protection information

Useful terms

#### Introduction

#### About the HPC

We are the Health Professions Council. We are a regulator of health professionals and our job is to protect the health and wellbeing of people who use the services of the health professionals registered with us.

To protect the public, we set standards that health professionals must meet. Our standards cover health professionals' education and training, behaviour, professional skills and their health. We publish a register of health professionals who meet our standards.

We currently regulate 14 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists and 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<u>(s)</u> 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.

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#### 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	<u>Title</u>
Arts therapists: Music, Drama or	Art therapist
Art	Art psychotherapist
	<u>Dramatherapist</u>
	Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists and podiatrists	<u>Chiropodist</u>
	Podiatrist
Clinical scientists	Clinical scientist
<u>Dietitians</u>	<u>Dietitian</u>
	<u>Dietician</u>
Occupational therapists	Occupational therapist
Operating department	Operating department
practitioners	practitioner
<u>Orthoptists</u>	<u>Orthoptist</u>
Paramedics	Paramedic
Physiotherapists	Physiotherapist
	Physical therapist
Practitioner psychologists	Practitioner psychologist
	Registered psychologist
	Clinical psychologist
	Counselling psychologist
	Educational psychologist
	Forensic psychologist
	Health psychologist
	Occupational psychologist
	Sport and exercise psychologist
Prosthetist and orthotist	Prosthetist and orthotist
	Prosthetist
	<u>Orthotist</u>
Radiographers: diagnostic or	Radiographer
therapeutic	Diagnostic radiographer
	Therapeutic radiographer
Speech and language therapists	Speech and language therapist
	Speech therapist

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# 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.

# 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 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.

It is advisable to take a photocopy of your application for your records. It is also advisable to send your form to us by a secure method of delivery.

#### 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.

#### **Certified documents**

In the section below, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document/s must write on it 'I certify that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

#### a bank manager;

- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;

Deleted: 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.¶

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- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

# Verifying your identity

We ask all applicants to provide us with a legible certified photocopy of:

- a document containing your photograph; and
- a document proving your current address.

Documents you may consider sending us include:

- current signed full passport;
- national identification card and/or other valid documentation relating to immigration status and permission to work in the UK;
- current UK photo card driving licence;
- current full UK driving licence (old version)
- current benefit book or card or original notification letter from the Department for Work and Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification;
- marriage / civil partnership certificate;
- divorce order or dissolution order;
- confirmation from an Electoral Register\*;
- recent utility bill\*;
- local authority tax bill (valid for the current year);
- bank, building society or credit union statement or passbook containing current address\*;
- recent mortgate statement from a recognised lender\*;
- current local council rent card or tenancy agreement.

\* If these documents are submitted, the date should be within the last six months.

# If you cannot provide photographic documentation

If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person, indicating the period of time that you have been known to them. They should also provide us with their contact details.

A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

Deleted: ¶ Bank manager;¶ Justice of the Peace or other judicial official;¶ Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;¶ Teacher;¶ Stockbroker:¶ Investment manager;¶ Member of Parliament;¶ Officer in the Armed Forces; or ¶ Registered Health Professional. Formatted: Indent: Left: 1.11 cm

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If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person. indicating the period of time that you have been known to them. They should also provide us with their contact details. Please refer to the section 7 (character reference) for a list of acceptable people.

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

# Outcomes of an application

#### Incomplete applications

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

#### Successful applications

If your application is successful, we will:

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

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

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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.

Your right of appeal against the *final* decision to reject your application arises if you believe that:

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- the decision to reject your application is wrong; and
- you meet the standards of proficiency; and
- you meet the standards of conduct, performance and ethics.

You will need to establish the grounds for your appeal (ie why you believe that the decision taken is wrong) and follow the appeals procedure.

# The appeals process

If your application is rejected you have 28 days following the date of the letter rejecting your application to write to us to appeal against the decision. We will then provide you with further information on the appeals process.

# **Fraudulent applications**

If you falsify information about your identity or any other aspect of your application, the HPC will suspend your application pending an investigation. If such information becomes known to us after you have been registered, an investigation will be launched and your registration may be suspended or terminated. It is a criminal offence to fraudulently obtain registration with the HPC. You may be committing a criminal offence if you supply false information and you may be prosecuted.

#### Section 1 Registration details

#### **Previous applications**

If you have been registered with us or our predecessor the Council for Professions Supplementary to Medicine (CPSM), please tell us your registration number and the date you last practised your profession.

#### 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 Character and health 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.

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Section 4 Practice outside the Unite	d Kingdom (UK) form		
profession outside the UK during the last	ion more than five years ago, but have practised your two years, you do not need to undertake a period of mplete this form at section 5 of the form and return it with		
If you have worked for several different er this form as you need.	nployers, please photocopy or print off as many copies of		Deleted: ¶
Section 5 Paying your fees		 	Deleted: 4
<b>Readmission fee</b> The fee we ask you to send with your app refundable payment of £1 <u>91</u> , and includes process your application without this payn	lication is called a readmission fee. This is a non- the first year (or part year) of registration. We cannot nent. The readmission fee is not payable if your name was th from the date we receive your application.		Deleted: 82
for the two year registration cycle is $\pounds \frac{152}{2}$	the point you apply for readmission. The registration fee $(\pounds7_{6}^{\circ} \text{ per year})$ . If you apply to be registered at any point for a few days, you will need to pay the full $\pounds7_{6}^{\circ}$ . If you do	<	Deleted: 144
not need registration immediately in order professional year starts and apply for regi	to work, you may wish to check when your new stration at the start of a new professional year. The table ich profession. <u>Please then refer to the set of options in the</u>	~~~.	Deleted: 2
Important note for practitioner psychol The Register for practitioner psychologists be made on or after that date.	ogists s opened on 1 July 2009. Applications for readmission can		Formatted: Font: Bold
'professional years'. However, following a psychologists will be 19 months long rathe	registration cycle which is normally made up of two a consultation the first registration cycle for practitioner er then two years, so that subsequent renewal of eter period. This will mean that we will be able to provide a neir registration.		
	November 2009 to 31 May 2011. If you are applying for ata fee will be payable. Please refer to the second set of		
<b>Registration cycle</b> Your registration cycle is biennial (two-yea below details the professional years for ea	arly) and is made up of two 'professional years'. The table ach profession we regulate.		Deleted: ¶ ¶
Biomedical scientists1Chiropodists and podiatrists1Clinical scientists1Dietitians1Occupational therapists1Operating department practitioners1Orthoptists1	June – 31 May December – 30 November August – 31 July October – 30 September July – 30 June November – 31 October December – 31 October September – 31 August September – 31 August		

Physiotherapists	<u> 1 May – 30 April</u>
Practitioner psychologists	<u> 1 June – 31 May</u>
Prosthetists and orthotists	1 October – 30 September
Radiographers	1 March – 28 February
Speech and language therapists	1 October – 30 September

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

# Section 6 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 7 Character reference

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

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that your referee must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- a Member of Parliament, Member of Scottish Parliament, Member of Legislative Authority in Northern Ireland or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

#### 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 <u>that if you provide fraudulent references you may be prosecuted.</u>

Deleted: Arts therapists 1 June - 31 May¶ Biomedical scientists December - 30 November¶ Chiropodists/podiatrists August - 31 July¶ Clinical scientists October - 30 September¶ Dietitians . . . 1 July – 30 June¶ Occupational therapists November - 31 October¶ Operating department practitioners 1 December - 30 November¶ Orthoptists . September - 31 August¶ Paramedics. September – 31 August ¶ Physiotherapists 1 May -30 April¶ Prosthetists/orthotists . 1 October - 30 September¶ Radiographers 1 March -28 February¶ Speech and language therapists 1 October – 30 September¶

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The fee you are required to pay is dependent on the date your registration lapsed and whether you wish to pay future fees by direct debit.  $\P$ 

In order to help you calculate your fee, you will need to choose one of the four options in section five of the readmission application form. Each option is explained here in more detail. ¶

#### Option 1¶

If you:¶ <#>are applying for readmission within one month of the date your name was lapsed from the Register; and ¶ <#>wish to spread the cost of registration by direct debit. ¶

You will need to pay **£76.** The remainder of your fee will be deducted from your bank account in two £36 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted  $\dots$  [2]

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#### After you have obtained your character reference

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

# Section 8 Health reference

#### All applicants must provide a health reference

Only a doctor registered with the 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 <u>that</u> if you provide fraudulent references you may be prosecuted.

#### After you have obtained your health reference

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

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

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

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

If your medical records are not available then you can ask a doctor for a medical examination. Your doctor can then 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

Date	Ver.	Dept/Cmte	Doc Type	Title
2006-04-12	f	QUA	DCB	UK Form

**Status** Draft DD: None

**Int. Aud.** Public RD: None Deleted: you've

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# 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.¶

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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 ٠

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 (2013 for practitioner psychologists), 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.

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

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Date Ver. Dept/Cmte 2006-04-12

Doc Type Title DCB UK Form Status Draft DD: None Int. Aud. Public RD: None

#### Data protection information

# **Subject Information Statement**

The Health Professions Council (HPC) processes your personal data (as defined by the Data Protection Act 1998 (the 1998 Act)) for the following purposes:

- administering your application to register with the HPC and any subsequent renewals;
- maintaining and publishing the health professions Register;
- undertaking regulatory activities for the purposes of the Health Professions Order 2001 (as amended);
- ensuring that you comply with our standards, including but not limited to, ensuring compliance with continuing professional development and educational requirements;
- investigating complaints made about you;
- investigating complaints made by you;
- publishing the results of any complaints made about you or by you;
- transferring your personal data to any other authorised body investigating your activities;
- transferring your name, profession, registration number, registration dates and approximate location of your practice to any member of the public requesting the information and making it available through the publication of the health professions Register;
- transferring your personal data to professional advisors and other third parties involved with the regulation of health professionals;
- statutory and regulatory compliance;
- monitoring equality and diversity information;
- reviewing your medical records and history, including but not limited to any medical reference supplied, to ensure that your health does not impair your fitness to practice;
- maintaining photographic images of you to ensure your identity;
- informing you about the activities of HPC;
- marketing the activities of the HPC;
- transferring your personal data to any business directory so as to ensure only authorised people advertise their services in such directories;
- keeping you informed about any changes to practice or legislation that may affect your practice;
- responding to requests for information from other health professions regulators both within the European Economic Area and worldwide;
- keeping you informed about any developments, activities or products of third parties which may affect or assist your practice; and
- achieving the general and statutory objectives of the HPC.

We collect personal information from you when you communicate with us by any media. We may also collect personal data which relate to you from third parties.

We may contact you by means of electronic communication, including but not limited to email or SMS for the purposes set out above. We will only undertake activities considered to be electronic marketing if permitted to do so by the Privacy and Electronic Communications (EC Directive) Regulations 2003.

#### Sensitive personal data

Certain personal information is categorised by the 1998 Act as "Sensitive Personal Data" as defined by the 1998 Act.

In some circumstances, the HPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health Professions Order 2001 and therefore we do not need to obtain your consent to undertake this processing. In general, the sensitive personal data collected by HPC is limited to information in connection with:

- your racial or ethnic origin;
- your physical or mental health or condition;
- your membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992;
- the commission or alleged commission by you of any offence;
- any proceeding taken against you for any offence committed or alleged to have been committed by you; and
- your sexual life.

#### Anonymisation

HPC is required to provide statistical information to a number of different bodies; it also undertakes its own research. In such circumstances it only provides anonymised data.

#### Permitted processing

HPC ensures that it is permitted to process your personal data. If no statutory condition applies to the form of processing we undertake, we can only undertake such processing with your consent. You may withdraw your consent to our processing your personal data for some of the above purposes by writing to the address at the end of this statement.

If a statutory condition applies allowing the HPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HPC ceases to process your personal data as the HPC keeps personal data on registrants for their lifetime.

#### Sharing Your Information

In some circumstances the HPC may be required by law to share sensitive personal data about you to a third party. Otherwise the HPC does not share sensitive personal data outside of the HPC Group without your consent. Your personal data may be shared as set out in the above purposes. If you do not wish us to share your personal data with any third party for marketing purposes, please write to us at the address at the end of this statement.

#### **European Economic Area (EEA)**

Please note that information displayed on our Website or sent to the HPC over the Internet may be transferred outside of the EEA, where data protection laws are not as strong as within the EEA. The information displayed on the website is provided as it is necessary for the public interest. In relation to any information you send via the internet or email, if you have any concerns in relation to such transfers, you should not use the internet or email as a means of communication with the HPC.

#### Monitoring of telephone calls and emails

Your telephone calls and emails to us may be recorded and monitored for quality control purposes. We may also intercept communications made to individual members of staff at the HPC when this is required for business purposes.

Date	Ver.	Dept/Cmte	Doc Type	Title
2006-04-12	f	QUA	DCB	UK Form

**Status** Draft DD: None

# Notification

HPC has notified the Information Commissioner that it processes personal data. The notification number is Z6621691.

# Contact us

If you have any queries relating to this statement, please contact us by letter at the following address:

Health Professions Council Park House 184 Kennington Park Road London SE11 4BU

# 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.

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

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

**Data controller** – a person who either jointly, alone or in common with other people determines the purposes for which and the manner in which any personal data are, or are to be, processed.

**Data processor** – any person other than an employee of the data controller, who processes the personal data on behalf of the data controller.

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

Data subject – an individual on whom personal data are processed.

**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.

#### Personal data - means:

- any data from which the identity of a living individual can be determined, either by itself or with other data processed by data controller; and
- any information such as name and address, email address, telephone number and general contact details, personal data includes images on film, photographs and telephone voice recordings.

**Processing** – means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data including:

- organisation, adaption or alteration of the information or data;
- retrieval, consultation or use of the information or data;

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2006-04-12	f	QUA	DCB	UK Form	Draft	Public
					DD: None	RD: None

- disclosure of the information or data by transmission, dissemination or otherwise making ٠ available; or
- alignment, combination, blocking, erasure or destruction of the information or data.

Relative – has been broadly defined by the Health Professions Council (Registration and Fees) Rules 2003 (as amended) to include in relation to any person:

- (a) his spouse or civil partner;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse or civil partner; or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b),

and for the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

Sensitive personal data - means personal data consisting of information as to:

- the racial or ethnic origin of the data subject: •
- political opinion; •
- religious beliefs or other beliefs of a similar nature;
- whether a member of a trade union (within the meaning of the Trade Union and Labour • Relations (Consolidation) Act 1992);
- physical or mental health or condition; •
- sexual life; •
- the commission or alleged commission of any offence; or •
- any proceedings for any offence committed or alleged to have been committed, the disposal of • such proceedings or the sentence of any court in such proceedings.

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.

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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 and 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 thera	
		Speech therapist	
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Methods of payment

The fee you are required to pay is dependent on the date your registration lapsed and whether you wish to pay future fees by direct debit.

In order to help you calculate your fee, you will need to choose one of the four options in section five of the readmission application form. Each option is explained here in more detail.

# Option 1

If you:

are applying for readmission within one month of the date your name was lapsed from the Register; **and** 

wish to spread the cost of registration by direct debit.

You will need to pay  $\pounds$ 76. The remainder of your fee will be deducted from your bank account in two  $\pounds$ 36 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.

# **Option 2**

If you:

are applying for readmission within one month of the date your name was lapsed from the Register; **and** 

do not wish to set up a direct debit.

You need to send us a payment of **£152** with your application form. This fee compromises the fee for the current year (or part year) and the following professional year.

# **Option 3**

If you:

were lapsed from the Register more than a month ago; **and** wish to spread the cost of registration by direct debit.

You will need to pay **£191.** This fee compromises your readmission fee and the fee for the current professional year. The remainder of your fee will be deducted from your bank account in two £36 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.

# Option 4

If you:

were lapsed from the Register more than a month ago; **and** do not wish to set up a direct debit.

You need to send us a payment of **£267** with your application form. This fee compromises your readmission fee, the fee for the current year (or part year) and the following professional year.

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.

# 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.

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# Section 5 Practice outside the United Kingdom (UK) form

If you completed your approved qualification more than five years ago, but have practised your profession outside the UK during the last two years, you do not need to undertake a period of updating. If this applies to you, please complete this form and include it with your application.

If you have worked for several different employers, please photocopy or print off as many copies of this form as you need.

Your first name
Your surname/family name
Please tell us where you were employed: Department
Organisation
County/state
Postcode/zipcode
Country
Job title:
Email address:

Dates you practised outside of the UK:    From    Image: Comparison of the UK:      DD/MM/YYYY    To    Image: Comparison of the UK:
Please complete one of the sections below:
Whilst practising outside the UK, I was registered with the following regulator: Name of regulator
Address
Telephone number           Image: Ima
Your registration number (or equivalent)
My profession is not regulated in the country where I practised.         Dates you practised outside of the UK:       From         DD/MM/YYYY       To         Page Break
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Bank manager; Justice of the Peace;

Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution;

Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;or Registered health professional