

Education and Training Committee – 10 March 2010

Review of the Health Professions Council (HPC) admission forms

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 were last reviewed in May 2009 in preparation for the statutory regulation of practitioner psychologists. The forms have been reviewed again in preparation for the transfer of the statutory regulation of hearing aid dispensers on 1 April 2010 from the Hearing Aid Council to the HPC. 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.

We have also amended the forms in preparation for the roll out of the vetting and barring schemes across the UK in order to capture the registration numbers when individuals are required to register under either or both schemes.

The changes to the admission forms and guidance are being reviewed by HPC's lawyers. The Education and Training Committee 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

Financial implications Nil

Background papers

- 1. Briefing paper on the Vetting and barring Scheme and Protection of Vulnerable Groups Scheme, December 2009, Council: http://www.hpc-uk.org/assets/documents/10002BEAISAandVBS-enc25.pdf
- 2. The Health Professions Council (Registration and Fees) (Amendment) Rules 2010, February 2010, Council: http://www.hpcuk.org/assets/documents/10002BDFTheHealthProfessionsCouncil(Registratio nandFees)(Amendment)Rules2010-enc15.pdf

Appendices

Admission forms and guidance notes

Date of paper 22 February 2010

Please read the guidance notes before completing this form.

UK application for registration (for applicants who hold an approved UK qualification)

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

Lo-call number (if calling from UK) 0845
 3004 472 or +44(0)20 7840 9802

 [⊕] www.hpc-uk.org
 ≢ registration@hpc-uk.org



Before completing your application form you will need to read the guidance notes for UK 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	e specify)		
Your first name							
Your surname/fami	y name						
Your profession							

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

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

Checklist – please check to ensure you have enclosed the following items with your application	Please cross
1 A completed application form	
2 A 'Paying your fees' form with appropriate payment by cheque or money/postal order	
③ A completed, signed and dated HPC character reference form	
④ A completed, signed and dated HPC health reference form	
5 A certified* copy of your qualification certificate(s) (unless you qualified in the last 12 months, or	
you are a paramedic, clinical scientist or biomedical scientist and do not hold an approved	
qualification gained through an integrated programme)	
6 Certified * copies of two appropriate documents to confirm your identity	
(7) Certified * evidence of any change of name (if applicable)	
8 Relevant return to practice forms (if applicable)	

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

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

Your payment		
		Attach a recent
I enclose a cheque/money order for the amount of £		passport sized
		photograph of
My account number is		yourself here.
		Please do not
My sort code is		staple.
For HPC use only		•
Date stamp	Date of registration	
Amount received £		
	Registration number	
Application number		
Pass list checked: YES/NO Checked by:	Registered by:	

Section 1 Registration details	
Have you previously applied for registration with the HPC?	Yes No
If yes, please give your application number	
I am applying for registration as a	
Arts therapist	Operating department practitioner
Biomedical scientist	Paramedic
Chiropodist and podiatrist	Physiotherapist
Clinical scientist	Practitioner psychologist
Dietitian	Prosthetist and orthotist
Hearing aid dispenser	Radiographer
Occupational therapist	Speech and language therapist
Orthoptist	
If you have chosen arts therapist please cross the box(es) re	elevant to you
Art therapist	Art psychotherapist
Dramatherapist	Music therapist
If you have chosen clinical scientist please cross the box(es)) relevant to you
Audiology	Cellular science
Clinical biochemistry	Embryology
Clinical genetics	Haematology
Clinical immunology	Histocompatibility and immunogenetics
Clinical microbiology	Medical physics and clinical engineering
Clinical physiology	
If you have chosen practitioner psychologist please cross th	e box(es) relevant to you
Clinical psychologist	Counselling psychologist
Educational psychologist	Forensic psychologist
Health psychologist	Occupational psychologist
Sport and exercise psychologist	
If you have chosen prosthetist and orthotist please cross the	e box(es) relevant to you
Prosthetist	Orthotist
If you have chosen radiographer please cross the box(es) re	elevant to you
Therapeutic radiographer	Diagnostic radiographer

Section 2 Contact details

Section 2 Contact	ae	tai	IS																							
Previous name (if applicab	ole)																									
Date of birth (DD/MM/YY)	(Y)]															
Nationality																										
National Insurance number	er (if e	appli	icab	ole)																						
Country of birth																										
Town/city of birth																										
Gender							Ma	ale		Fe	emal	е														
Home contact deta	ender Male Female																									
House/flat number																										
Street name		$\overline{\Box}$	$\overline{\Box}$																				\square			Γ
Town/city		$\overline{\Box}$	$\overline{\Box}$																							Γ
County/state		$\overline{\Box}$																				\square	\square			Γ
Postcode/zipcode		$\overline{\Box}$	$\overline{\Box}$																				\square			Γ
Country		$\overline{\Box}$	$\overline{\Box}$																							
Telephone number		$\overline{\Box}$	$\overline{\Box}$																							
Mobile number		$\overline{\Box}$	$\overline{\Box}$																				\square			Γ
By providing my email	add	res	s I	con	ser	nt te	o th	e H	IPC	se	ndi	ng	me	ele	ctro	nic	m	arke	ətin	ig c	om	mu	nica	atio	ns	for
the purposes set out i	n th	еH	PC	sub	ojec	t in	nfor	mat	tion	ı sta	ater	nei	nt p	rov	ideo	d to	m	e in	th	e n	ote	s at	tac	hec	l to)
this application form.													-													
Email address																										
Werde eenteet dete																										

Work contact details

Department																									
Organisation																									
Street name																									
Town/city																									
County/state																									
Postcode/zipcode																									
Country																									
Telephone number																									
Mobile number																									
By providing my email a	addr	ess	s I c	onse	ent t	o th	ne H	IPC	ser	ndin	ng n	ne	eleo	ctro	nic	ma	arke	etin	g c	om	mui	nica	itio	ns 1	for
the purposes set out in	the	HF	PC s	ubje	ect i	nfor	mat	tion	sta	ten	nen	t p	rovi	ideo	d to	me	e in	the	e no	otes	s at	tac	hed	to	

this application form

Email address															
	 	-		 	 	 	 	 	 	_	 	 <u> </u>	 	-	_

Section 3 Character and health self declarations/Vetting and Barring schemes
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 professional or regulatory body or your employer?
Yes No If yes, please give details on a separate sheet.
Have you had civil proceedings (other than a divorce/dissolution of marriage or civil partnership) brought against you?
Yes No If yes, please give details on a separate sheet.
Do you have any condition that would affect your ability to practise?
Yes No If yes, please give details on a separate sheet.
Are you or have you ever been barred under the Safeguarding Vulnerable Groups Act 2006 and /or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:
children? Yes No If yes, please give details on a separate sheet.
vulnerable adults? Yes No If yes, please give details on a separate sheet.
Registration numbers
Independent Safeguarding Authority (England, Wales, Northern Ireland) registration number (if any):
Protecting Vulnerable Groups Scheme (Scotland) registration number (if any):
Section 4 Education and training
Please complete part A or part B below
(A) If you have completed a UK approved course which is not one of those listed in part B

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											

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

Title of certificate										
Date certificate was awarded (DD/MM/YYYY)										

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:													
Street name													
Town/city													
County/state													
Postcode/zipcode													
Country													
Name of Manager:													
Job title:													
Email address:													
Telephone number:													
Dates you practised outisde of	f the Uk	(:	Fron	n									
DD/MM/YYYY			То										

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:														
Website address:														
Your registration number (or equivalent)														

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

Section 6 Paying your fees – please read the guidance notes on paying your fees

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 fees we ask you to send with your application are called a scrutiny fee and a registration fee. The scrutiny fee is a one off non-refundable payment of £53. We cannot process your application without a payment.

You must also pay your registration fee when you apply to be registered. 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.

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 and address on the reverse side of your payment and ensure that it is not post-dated. Please note all amounts include the scrutiny fee.

If you are applying to become registered as a practitioner psychologist, please note that your fee is a prorata amount. You should choose one of the second set of options in this section.

Please choose one of the following four options.

Option 1

I am applying fo	or registration for the fi	rst time and gradu	lated less than	two years ago.	I wish to pay	future fees
by direct debit.	I enclose a direct deb	bit instruction and	a cheque/money	order for the ar	nount of £91 .	

Option 2

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**.

Option 3

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 amount of **£129**.

Option 4

I am applying for registration for the first time and graduated **more 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 **£205**.

Please complete the direct debit instruction if you have chosen option 1 or option 3

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

I am applying for registration for the first time. My application is being made **before 1 June 2010**. I 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 **£75**.

Option 2

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 debit. I enclose a direct debit instruction and a cheque/money order for the amount of **£91**.

Option 3

I am applying for registration for the first time. My application is being made **before 1 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**.

Option 4

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 do not wish** to pay future fees by direct debit. I enclose a cheque/money order for the amount of **£91**.

Option 5

I am applying for registration for the first time. My application is being made **before 1 June 2010**. I 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 **£97**.

Option 6

I am applying for registration for the first time. My application is being made **after 1 June 2010**. I 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**.

Option 7

I am applying for registration for the first time and graduated **more than** two years ago. 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**.

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.

hpc health professions council	Instruction to your ba to pay by d	
Name and full postal address of	of your bank or building society	Originator's identification number 9 5 2 2 8 8
To the manager Address	Bank/building society	Reference Number
Po Name(s) of account holder(s)	stcode	Instructions to your bank/building society Please pay HPC direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. The amounts are variable and will be debited every six months. I understand that this instruction may remain with HPC and, if so, details will be passed electronically to my bank/building society.
Bank/building society Account number Branch sort code	Banks and building societies may not accept dire	Signed Signature declaration Signature

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER

The direct debit guarantee

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

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)				Signature
-------------------	--	--	--	-----------

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 the Northern Ireland Assembly or Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 UK applicants.

Please return this form to the applicant once complete.

Applicant details

Name						
Address						
Profession						
Referee details						
Name						
Occupation						
If you are a member of a profe	essional or reg	ulatory body	, please pro	vide its name	and your memb	pership/registration number
Practice or business address						
Telephone						
Please state capacity in which	you know the	applicant				
I confirm that I have known the	applicant for	Vears	and know o	f no reason wh	av they should r	not practise the above

I confirm that I have known the applicant for 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

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 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)											

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)			Signature

Practice stamp

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



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

Section 3 Character and health self declarations/Vetting and Barring schemes

Section 4

Education and training

- Applying for registration as a biomedical scientist, clinical scientist or paramedic
- Applying if you have completed a UK approved course which is not one of the above

Section 5

Practice outside the United Kingdom (UK) form

Section 6 Paying your fees

- Scrutiny fee
- Registration cycle
- Note for practitioner psychologists
- Applying as a new graduate
- Free period
- Applying if you qualified more than two years ago

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

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 15 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- 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;
- 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	Art therapist Art psychotherapist Dramatherapist Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists and podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian Dietician
Hearing aid dispensers	Hearing aid dispenser
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department 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 therapeutic	Radiographer Diagnostic radiographer Therapeutic radiographer
Speech and language therapists	Speech and language therapist Speech therapist

About this guidance

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 mortgage 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 are sending a bank or building society or credit union statement please black out the account number and sort code details.

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. Please refer to the section 8 (character reference) for a list of acceptable people.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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.

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 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

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.

Section 3 Character and health self declarations/Vetting and Barring schemes

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.

Vetting and Barring

Vetting and barring schemes are being introduced across the United Kingdom (UK) for those who work (whether paid or in a voluntary activity) with children and vulnerable adults. Whether you need to be registered will depend upon the nature and extent of your contact with children or vulnerable adults but, as the activities covered by the schemes include the delivery of health and social care, it is expected that the majority of HPC registrants will need to be registered in due course.

A separate scheme will apply in Scotland from that which applies in the rest of the UK, but a barring decision made under either scheme (preventing a person from working with children and/or vulnerable adults) will apply throughout the UK. If you work both in Scotland and another part of the UK you may need to be registered under both schemes.

Both schemes are being gradually phased in over a period of years. We can not advise you whether you need to be registered in either scheme. In order to determine if and when you need to be registered, please contact the following:

For England, Northern Ireland and Wales: Tel: +44 (0)300 123 1111 Website: http://www.crb.homeoffice.gov.uk/faqs/vetting_and_barring_scheme.aspx

For Scotland: Vulnerable Groups Scheme Implementation Team Children, Young People and Social Care Directorate Scottish Government Victoria Quay Edinburgh EH6 6QQ Tel: +44 (0)131 244 7612 Email: pvg.enquiries@scotland.gsi.gov.uk

If you are registered under either scheme (or both) for any reason, even if it is unconnected with your professional activities (for example, because of volunteer work), you need to provide us with your registration number(s).

If you are subject to a barring decision under either scheme you need to disclose this and provide us with the details of that decision.

If you declare a health and/or character or vetting or barring 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 www.hpc-uk.org/apply/uk/historical/

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 non-refundable payment of £53. We cannot process your application without this payment.

Registration fee

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. 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 and address on the reverse side of your payment and ensure that it is not post-dated. Please note all amounts include the scrutiny fee.

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 following table shows the professional years for each profession we regulate.

Arts therapists	1 June – 31 May
Biomedical scientist	1 December – 30 November
Chiropodists and podiatrists	1 August – 31 July
Clinical scientists	1 October – 30 September
Dietitians	1 July – 30 June
Hearing aid dispensers	1 August – 31 July
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	1 June – 31 May
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.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 should 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.

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 should 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

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, 2012 hearing aid dispensers),), 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.

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

The 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

The 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.

Notification

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

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

The 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;
- 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.

Internationa	Please read the guid I application for registra							the UK)
 ■ Registration Department 184 Kennington Park Road, London, SE11 4BU ☎ Lo-call number (if calling from UK) 0845 3004 472 or +44(0)20 7840 9802 ☆ www.hpc-uk.org ₮ registration@hpc-uk.org 								alth ofessions uncil
	ing your application form you rds of proficiency for your pro							
Your title	Mr Mrs Miss I	Ms oth	ner (please	e specify)				
⊔ Your first name								
Your surname/fa	nily name							
Your profession								
result in your	ure you have included the fo pplication being returned to	you.		-				
	ease check to ensure you have e	nclosed the fo	llowing ite	ems with y	our applica	ation	Please	
	d application form	(a.a. a (0.400						
0	ur scrutiny fee' form with scrutiny		votion the	t English i				
<u> </u>	of an eligible language test certi xemption by virtue of being an El		ration tha	it English is	s your iirst	language		
· ·	, signed and dated HPC health r							7
5 A complete	, signed and dated HPC charact	er reference fo	orm					
6 Certified*	opies of two appropriate docume	ents to confirn	n your ide	entity				
7 Certified*	vidence of any change of name ((if applicable)						
8 A legible ce	tified* copy of your qualification	certificate(s)						
\sim	of professional status (the origina st practised (if applicable)	l, not a photo	copy) fron	n the regul	ator in the	country		
	references (if applicable)							
(1) A legible ce	tified* course information form							
* Please refer to	guidance notes for more informat	ion regarding	certificatio	on of docu	ments.			
	ck that you have not :							
	part of your application (applicatio			aples dam	age the sc	anner)		
	application in a folder, binder or p	• •						
	original documents (except the o							
Included and	document or item which you need of HPC)	ed to be returi	ned (com	pleted app	lication for	ms remain		
the property								
	ıy fee							
the property Your scruti	y fee que/money order for the amount	of £420					Attach a	a recer
the property Your scruti	ue/money order for the amount	of £420					passpoi	rt sizeo
the property Your scruti	ue/money order for the amount	of £420						rt sizeo raph o

My sort code is				
I wish to pay by crudetails.	edit/debit card an	d enclose a 'paying yo	our scruitiny fee' form with my account	

For HPC use only

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

staple.

Section 1 Registration details	
Have you previously applied for registration with the HPC?	Yes No
If yes, please give your application number	
I am applying for registration as a	
Arts therapist	Operating department practitioner
Biomedical scientist	Paramedic
Chiropodist and podiatrist	Physiotherapist
Clinical scientist	Practitioner psychologist
Dietitian	Prosthetist and orthotist
Hearing aid dispenser	Radiographer
Occupational therapist	Speech and language therapist
Orthoptist	
If you have chosen arts therapist please cross the box(es) re	elevant to you
Art therapist	Art psychotherapist
Dramatherapist	Music therapist
If you have chosen clinical scientist please cross the box(es)) relevant to you
Audiology	Cellular science
Clinical biochemistry	Embryology
Clinical genetics	Haematology
Clinical immunology	Histocompatibility and immunogenetics
Clinical microbiology	Medical physics and clinical engineering
Clinical physiology	
If you have chosen practitioner psychologist please cross th	e box(es) relevant to you
Clinical psychologist	Counselling psychologist
Educational psychologist	Forensic psychologist
Health psychologist	Occupational psychologist
Sport and exercise psychologist	
If you have chosen prosthetist and orthotist please cross the	e box(es) relevant to you
Prosthetist	Orthotist
If you have chosen radiographer please cross the box(es) re	elevant to you
Therapeutic radiographer	Diagnostic radiographer

Section 2 Contact	deta	IIS														
Previous name (if applicable	э)															
Date of birth (DD/MM/YYY)	r)															
Nationality																
National Insurance number	(if apr	olicat	ole)													
Country of birth																
Town/city of birth																
Gender					Ма	le	Fe	emal	е							
Home contact detai	ils															
House/flat number																
Street name																\square
Town/city	\square	Τ	Γ													\square
County/state		T	T					Ē		Ē						\square
Postcode/zipcode			Ī													\square
Country	\square	T	T					Ē								\square
Telephone number		T	T					Ē								\square
Mobile number	T	T	Ī					Ē		Ē						\square
By providing my email a the purposes set out in									-				-			
this application form.																
Email address																
Work contact detail	S															
Department																
																\square

Organisation																										
Street name																										
Town/city																										
County/state																										
Postcode/zipcode																										
Country																										
Telephone number																										
Mobile number																										
By providing my email a	addr	es	5 I (con	ser	nt to	o th	e H	PC	se	ndir	ng i	ne	ele	ctro	onic	ma	arke	etin	g c	om	mui	nica	atio	ns f	for
the purposes set out in	the	H	C	sub	ojec	t in	for	mat	tion	sta	ater	ner	nt p	rov	ide	d to	m	e in	the	e no	otes	s at	tac	hed	to	
this application form.																										

Email address

Section 3 Regulatory body

Is the profession that you are applying for regulated in your home country?

Are you registered with the regulatory body in your home country? If yes, please state:

Yes	No	
Yes	No	

The name of the regulatory body

Your registration/license	e number									
Name of country										
Dates of practice:	from (DD/MM/YYYY) to (DD/MM/YYYY)									

Section 4 Professional body membership

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

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

Section 5 Character and health self declarations/Vetting and Barring schemes

	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	sional or regulatory body or your employer?													
Yes No If yes,	please give details on a separate sheet.													
Have you had civil proceedings (other t	than a divorce/dissolution of marriage or civil partnership) brought against you?													
Yes No If yes,	please give details on a separate sheet.													
o you have any condition that would affect your ability to practise? (es No If yes, please give details on a separate sheet.														
es No If yes, please give details on a separate sheet.														
children? Yes No														
vulnerable adults? Yes No	If yes, please give details on a separate sheet.													
registration numbers														
Independent Safeguarding Authority (E	ngland, Wales, Northern Ireland) registration number (if any):													
Protecting Vulnerable Groups Scheme	(Scotland) registration number (if any):													
Section 6 Education and tr	aining													
Please provide details of your profession	nal education and training (ie your qualification for the profession within which													
you are seeking registration)														
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

Section 6 Education and training (continued)

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 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.



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

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

.....

or

 the relevant European State 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.

.....

Austria	Finland	Liechtenstein	Romania
Belgium	France	Lithuania	Slovakia
Bulgaria	Germany	Luxembourg	Slovenia
Cyprus	Greece	Malta	Spain
Czech Republic Denmark Ireland Estonia	Hungary Iceland Italy Latvia	The Netherlands Norway Poland Portugal	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																																
Postcode/zipcode																																
Postcode/zipcode																																
Country Contact name (eg supervisor)																																
Job title of contact																																
Work telephone numbe	er																															
Employment start date	(DD	/MN	Л/Ү^	YYY)]																								
Employment end date	(DD/	ΏM	1/YY	YY))]										blan		you	are	still	in t	his								
						Dur	maii] n di	L	and	l res	spor	nsibi	lities	S.			blan yme		you	are	still	in t	his								
Employment end date						our	maii] n dı	uties	anc	l res	spor	nsibi	lities	3.					you	are	still	in t	his								
						our	maii] n du	uties	anc	l res	spor	nsibi	lities	6.					you	are	still	in t 	his								
						our	maii] n du	uties	and	l res	spor	nsibi	lities	S.					you	are	still	in t 	his 								
						our	maii] n du	uties	and	l res	spor	nsibi	lities	S.					you	are	still	in t 	his								
						Dur	maii] n dı	uties	and	l res	spor	nsibi	lities	S.					you	• are	still	in t	his								
						Dur	maii] 	uties	anc	l res	spor	nsibi	lities	S.					you	are	• still	in t	his								
						Dur	maii] n du	uties	anc	l res	spor	nsibi	lities	S.					you	are	still	in t	his								
						Dur	maii] n du	uties	anc	l res	spor	nsibi	lities	5.	·····				you	• are	• still	in t	his								
						Dur	maii] n du	uties	• and	l res	spor	nsibi	lities	S.	 				you	• are	• still	in t	his								
						Dur	maii] n du		anc	l res	spor	nsibi	lities	S.	 				you	• are	• still	in t	his								
						Dur	maii] n du		and	l res	spor	nsibi	lities	5.					you	• are	• still	in t	his								
						Dur	maii] n du		and	l res	spor	nsibi	lities	S.					you	• are	• still	in t	his								
						Dur	maii] n du		anc	l res	spor	nsibi	lities	S.					you	• are	• still	in t	his								

Career history (continued)

Employer's name																							
Your job title	Ħ						Ť	Ť	Ē			Ť	Ť		T								
	$\overline{\top}$						Ť	Ť	F			Ť	T		Τ							T	
Address	\exists											Ī	Ī										
Address																							
Address																							
Town/city																							
County/state																							
Postcode/zipcode																							
Country																							
Country																							
Contact name (eg supervisor	r)																						
Job title of contact	Ī																						
	Ī																						
Work telephone number	[
Employment start date (DD/N	MM/YY	YY)																					
Employment end date (DD/N	1M/YY^	YY)															you	are	still	l in t	his		
In the space below, please te	ell us a	bout y	/our	mair	n du	ities	and	respc	nsib	ilities	s.		em	pioy	/me	nt)							
		• • • • • • • • •				• • • • • •										• • • • •							
								· · · · · · · · · · · · · · · · · · ·		·····							· · · · · · · · · · · · · · · · · · ·	· · · · · ·	· · · · · ·				
			· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		·····							· · · · · · · · · · · · · · · · · · ·	·····	·····				·····
		· · · · · · · · · · · · · · · · · · ·								·····							·····	· · · · · ·	· · · · · ·				
							······		······	·····								· · · · · ·	· · · · · · · · · · · · · · · · · · ·				
							······		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				·····
							· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·												
										· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
										· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
										· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·				
															· · · · · · · · · · · · · · · · · · ·								
														· · · · · · · · · · · · · · · · · · ·									

Career history (continued)

Employer's name								Т														
Your job title	Ħ		Ħ		T		Ť	Ť	Ť	T												۲
	\pm		Ħ	+	t	\square	Ť	Ť	Ŧ													
Address	Ħ		Ħ		t		Ť	Ť	Ť	T												
Address			$\overline{\Box}$					T														
Address	$\overline{1}$		\square		T		T	Ť	T													
Town/city																						
County/state																						
Postcode/zipcode Image: Country Country Image: Country																						
Country Contact name (eg supervisor)																						
Job title of contact					T		T	T		Γ												
Work telephone number																						
Employment start date (DI	D/MM/Y	YYY)																				
Employment end date (DE)/MM/YY	(YY)												blar		you	ı are	e stil	l in t	his		
In the space below, please	e tell us ;	about y	your n	nain d	luties	and	resp	oons	sibilitie	es.		em	npio	yme	ent)							
																		•••••				
															•••••							

Section 9 Proessional 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

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.

This	section	is	to	be	com	pleted	by	the	ap	plicant	t.

Your title		Mr		Mrs	Miss	Ms	other (olease	spec	cify)						
Your first name																
Your surname/famil	y na	ame														
Previous name/s																
Job title/position																
Work address																
Street name																
Town/city																
County/state																
Postcode/zipcode																
Country																
Date of birth (DD/M	IM/Y	~~~~ [
Please use the spa	ce b	pelow to t	tell u	us any add	itional infor	mation. Ple	ease use	e extra	a shee	ets if n	eces	sary.				
													••••	 	 	
													••••	 	 	
													••••	 	 	
														 ••••	 	
														 	 	11

The rest of this form should be completed in full by the referee.

Your title	Mr	Mrs	Miss	Ms	other (ple	ase spe	ecify)									
Your first name																
Your surname/family na	ame															
Previous name/s																
Job title/position																
Indextition																
Work address																
Nork address Image: Control of the																
Vork address Image: Control of the																
Nork address Image: Constraint of the																
County/state																
Postcode/zipcode																
Country																
Telephone number																
Mobile number																
Email address																
Please use the follo	wing sect	ion to tell	us about	the appli	cant.											
In what capacity is the	applicant k	nown to yo	u (eg emplo	vyee, studer	nt, volunte	er)?										
Job title/position of the	applicant															
How long have you kno	 wn the an	nlicant?			years] m	onth	•••••							
Dates applicant was er			Start dat	e (DD/MM/		\square			J							
Dates applicant was el	npioyed/v0l							\square					\dashv			
			Ling date	עטע/ ועוועו/ Y												

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.

Date (DD/MM/YYYY)		Signed
		0

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.

This	section	is	to	be	com	pleted	by	the	ap	olicant	t.

Your title		Mr	N	/Irs	Miss	Ms	other (p	blease	e spec	cify)							
Your first name																	
Your surname/famil	y na	ime															
Previous name/s																	
Job title/position																	
Work address																	
Street name																	
Street name Image: Comparison of the second se																	
-													$\overline{\top}$	$\overline{\square}$		$\overline{\Box}$	
													T	$\overline{\square}$			
											\square		T	$\overline{\square}$			
Postcode/zipcode																	
Date of birth (DD/M Please use the spa		-	tell us	s any add	itional infor	mation. Ple	ease use	e extra	a shee	ets if ne	Cess	sary.					
											•••••				•••••		
															•••••		
															•••••		
															•••••		
																1	4

The rest of this form should be completed in full by the referee.

Your title	Mr	Mrs	Miss	Ms	other (pleas	se spec	ify)				
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 fo	ollowing sec	tion to tel	l us about	the appli	cant.				 	 	
In what capacity is t	he applicant I	known to yc	u (eg emplo	byee, stude	nt, volunteer))?			 	 	
Job title/position of t	the applicant								 	 	
How long have you	known the ar	plicant?			years		month	າຣ	 	 	
iong navo you		Photon			youro						
Dates applicant was	semploved/vc	lunteered	Start dat	e (DD/MM/							

15

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.

Date (DD/MM/YYYY)		Signed

Section 10 Paying your scrutiny fee

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

I wish to pay by (please cross appropriate box)

Cheque	(payable to Health Professions Council)
British postal order	
Money order	
Bankers draft	
Debit card	
Credit card	
Amount £ 420.00	
If you have chosen to pay by debit or credit card p	lease complete the section below
Cardholder's signature	
Date (DD/MM/YYYY)	
HPC USE ONLY Advisor taking payment Date taken (DD/MM/YYYY) Authorisation code Application number	
Cardholder's name	
Card number	
Valid from (MM/YY) Expires on	(MM/YY)
Security code (the last 3 digits of the number on the visa visa Mastercard	Last 3 digits of the



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.



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 a:

- 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 the Northern Ireland Assembly or Member of the Welsh Assembly;
- an Officer in the Armed Forces; or
- a 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 International applicants.

Please return this form to the applicant once complete.

Applicant details

Name																											
Address																											
Profession																											
Referee d	etails																										
Name																											
Occupation																											
Address														ber													
Practice or	busine	ss ac	ddres	S																							
Telephone																											
Please state	e capa	city ir	n whi	ch yo	u kn	ow t	he a	ippl	ican	nt																	
L confirm the	at I boy	o kno	NA/D t	ho on	nlinar	at for				uro c	and	kno		fino	roo	000	wb	, th	hou	ld n	ot n	rad	tico	tho	abo		

I confirm that I have known the applicant for 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

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.

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)											

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)						Signature	
-------------------	--	--	--	--	--	-----------	--

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 472 or +44(0)20 7840 9802
 ▲ www.hpc-uk.org
 ₹=7 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

Section 3 Regulatory body membership

Section 4 Professional body membership

Section 5

Character and health self declarations/Vetting and Barring schemes

Section 6

Education and training

Course information

Section 7 Language proficiency

- Exemption from language proficiency test
- Citizenship of a relevant European State
- Relevant European States
- Dual nationality

Section 8 Career history

Section 9 Professional reference(s)

Section 10

Paying your fee

- Scrutiny fee
- Registration cycle
- Note for practitioner psychologists
- Methods of payment

Section 11 Declaration of information

Section 12 Character reference

Section 13 Health reference

Appendix: other helpful information

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

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 15 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- 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	Art therapist Art psychotherapist Dramatherapist Music therapist		
Biomedical scientists	Biomedical scientist		
Chiropodists and podiatrists	Chiropodist Podiatrist		
Clinical scientists	Clinical scientist		
Dietitians	Dietitian Dietician		
Hearing aid dispensers	Hearing aid dispenser		
Occupational therapists	Occupational therapist		
Operating department practitioners	Operating department 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 therapeutic	Radiographer Diagnostic radiographer Therapeutic radiographer		
Speech and language therapists	Speech and language therapist Speech therapist		

About this guidance

Applying through the international application process

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

General information on completing the forms

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

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.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 are sending a bank or building society or credit union statement please black out the account number and sort code details.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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.

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.

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 or Switzerland 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 relevant European State (by providing a Certificate of Current Professional Status or evidence of practice within that 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.

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.

Section 3 Regulatory body membership

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 membrship

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/Vetting and Barring schemes

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.

Vetting and Barring

Vetting and barring schemes are being introduced across the United Kingdom (UK) for those who work (whether paid or in a voluntary activity) with children and vulnerable adults. Whether you need to be registered will depend upon the nature and extent of your contact with children or vulnerable adults but, as the activities covered by the schemes include the delivery of health and social care, it is expected that the majority of HPC registrants will need to be registered in due course.

A separate scheme will apply in Scotland from that which applies in the rest of the UK, but a barring decision made under either scheme (preventing a person from working with children and/or vulnerable adults) will apply throughout the UK. If you work both in Scotland and another part of the UK you may need to be registered under both schemes.

Both schemes are being gradually phased in over a period of years. We can not advise you whether you need to be registered in either scheme. In order to determine if and when you need to be registered, please contact the following:

For England, Northern Ireland and Wales: Tel: +44 (0)300 123 1111 Website: http://www.crb.homeoffice.gov.uk/faqs/vetting_and_barring_scheme.aspx

For Scotland: Vulnerable Groups Scheme Implementation Team Children, Young People and Social Care Directorate Scottish Government Victoria Quay Edinburgh EH6 6QQ Tel: +44 (0)131 244 7612 Email: pvg.enquiries@scotland.gsi.gov.uk

If you are registered under either scheme (or both) for any reason, even if it is unconnected with your professional activities (for example, because of volunteer work), you need to provide us with your registration number(s).

If you are subject to a barring decision under either scheme you need to disclose this and provide us with the details of that decision.

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

Section 6 Education and training

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

your general education (eg high school or secondary school) unless it is directly relevant to your practice as a health professional.

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

Course information

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

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

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

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

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

Section 7 Language proficiency

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

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

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 be exempt from providing an English language test you must demonstrate citizenship of a relevant European State. 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 Europen Status

The relevant Europen 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 State then you are also exempt from providing proof of your English language proficiency.

Section 8 Career history

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

Section 9 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 professional 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 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 nonrefundable 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
Biomedical scientists	1 December – 30 November
Chiropodists and podiatrists	1 August – 31 July
Clinical scientists	1 October – 30 September
Dietitians	1 July – 30 June
Hearing aid dispensers	1 August – 31 July
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	1 June – 31 May
Prosthetists and orthotists	1 October – 30 September
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.

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:

- a bank manager;
- a Justice of the Peace or other judical 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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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'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.

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 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

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, 2012 hearing aid dispensers), 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.

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.

Please call the International Registration Department between 8am – 6pm (UK time) Monday to Friday on: +44 (0)20 7840 9802 or (within the UK) on our lo-call number 0845 3004 472.

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

Data protection 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

The 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

The 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.

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

The 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;
- 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.

Please read the guidance notes before completing this form.

Readmission application for registration (for applicants who have previously been registered)

🖃 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
 i registration@hpc-uk.org
 i



Before completing your application form you will need to read the guidance notes for readmission applicants and the Standards of proficiency. 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/fami	ly 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 secure postal method if you want to be certain of delivery.

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

Checklist – please check to ensure you have enclosed the following items with your application	Please cross
1 A completed application form	
2 A 'Paying your fees' form with appropriate payment	
③ A completed, signed and dated HPC character reference form	
4 A completed, signed and dated HPC health reference form	
5 Legible certified * copies of two appropriate documents to confirm your identity	
6 Certified * evidence of any change of name (if applicable)	
Relevant return to practice forms (if applicable)	

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

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

Your payment		
I enclose a cheque/money order for the amount of £		Attach a recent passport sized
My account number is		photograph of yourself here.
My sort code is		Please do not staple.
For HPC use only		
Date stamp	Date of readmission	
Amount received £	Registration number	
	Registered by:	

Section 1 Registration details										
Please provide your registration number										
When did you last practice your profession? (DD/MM/YYYY	η Γ.									
I am applying for registration as a/an (see guidance notes	s for details of protected titles)									
Arts therapist	Operating department practitioner									
Biomedical scientist	Paramedic									
Chiropodist and podiatrist	Physiotherapist									
Clinical scientist	Practitioner Psychologist									
Dietitian	Prosthetist and orthotist									
Hearing aid dispenser	Radiographer									
Occupational therapist	Speech and language therapist									
Orthoptist										
If you have chosen arts therapist please cross the box(es) r	elevant to you									
Art therapist	Art psychotherapist									
Dramatherapist	Music therapist									
If you have chosen clinical scientist please cross the box(es	s) relevant to you									
Audiology	Cellular science									
Clinical biochemistry	Embryology									
Clinical genetics	Haematology									
Clinical immunology	Histocompatibility and immunogenetics									
Clinical microbiology	Medical physics and clinical engineering									
Clinical physiology										
If you have chosen practitioner psychologist please cross the	ne box(es) relevant to you									
Clinical psychologist	Counselling psychologist									
Educational psychologist	Forensic psychologist									
Health psychologist	Occupational psychologist									
Sport and exercise psychologist										
If you have chosen prosthetist and orthotist please cross th	ne box(es) relevant to you									
Prosthetist	Orthotist									
If you have chosen radiographer please cross the box(es) re	elevant to you									
Therapeutic radiographer	Diagnostic radiographer									

Section 2 Contact	det	tail	s																							
Previous name (if applicabl	le)																									
Date of birth (DD/MM/YYY]															
Nationality	- /																									
National Insurance number	r (if a	ilaa	cab	le)																						\Box
Country of birth	(1-1		,																						$\overline{\square}$
Town/city of birth																					Γ					\Box
Gender							Ma				mal	0														
Gender							IVIC			1.6	inai	e														
Home contact deta	ils																									
House/flat number																										
Street name																					Γ					\Box
Town/city													Γ								$\overline{\Box}$					\Box
County			Ē				Ē	Ē	Ē				Ī							Ē	Ē	Ē				Ē
Postcode/zipcode							Ē	Ē	Ē					Ē						Ē	F	Ē		Ē		Ē
Country							Ē		Ē					Ē							F	F				П
Telephone number																						\square		\square		\Box
Mobile number																										\Box
By providing my email	add	res	s I	con	ser	nt t	o th	le F	IPC	se	ndi	ng	me	ele	ctro	onic	m	ark	etir	ig c	om	mu	nica	atio	ns	for
the purposes set out in	ו the) HI	PC	sub	jec	t ir	nfor	ma	tion	sta	ater	me	nt p	orov	ide	d to	m	e in	th	e n	ote	s at	tac	hec	l to)
this application form.																										
Email address																										
Work contact detai	ls																									
Department							Γ						Γ								Γ	\square				\square

Department																									
Organisation																									
Street name																									
Town/city																									
County																									
Postcode/zipcode																									
Country																									
Telephone number																									
Mobile number																									
By providing my email	addr	ess	lc	onse	nt t	o th	e H	PC	ser	ndir	ng r	ne	eleo	ctro	nic	ma	arke	tin	g c	om	mur	nica	itio	ns 1	or
the purposes set out i	n the	HP	PC s	ubjeo	ct ir	nfor	mat	ion	sta	aten	nen	it p	rovi	ideo	d to	me	e in	the	e no	otes	s at	tacl	hed	to	

this application form.

Email address

								_		_	

Section 3 Character and health self declarations/Vetting and Barring schemes

Have you been convicted of a criminal offence, receiv criminal offence for which you received a conditional													
Yes No If yes, please give de	etails on a separate sheet.												
Have you been disciplined by a professional or regula	atory body or your employer?												
Yes No If yes, please give de	etails on a separate sheet.												
Have you had civil proceedings (other than a divorce/	dissolution of marriage or civil partnership) brought against you?												
Yes No If yes, please give de	etails on a separate sheet.												
Do you have any condition that would affect your abi													
Yes No If yes, please give de	etails on a separate sheet.												
Yes No If yes, please give details on a separate sheet. Are you or have you ever been barred under the Safeguarding Vulnerable Groups Act 2006 and /or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with: children? Yes No If yes, please give details on a separate sheet.													
vulnerable adults? Yes No	yes, please give details on a separate sheet.												
Registration numbers													

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

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

|--|--|--|--|--|--|--|--|--|

Section 4 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.

Your first name:													
Your surname/family name:													

Please tell us where 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 outisde of the UK:	From									
DD/MM/YYYY	То									

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:												
Website address:												
Your registration number (or	^r equiva	lent)										

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

Section 5 Paying your fees – please read the guidance notes on paying your fees

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.

Option 1

I am applying for readmission within one month of the date my name was lapsed from the Register. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £76.

Option 2

I am applying for readmission within one month of the date my name was lapsed from the Register. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £152.

Option 3

	Ιd
٦	to

I am applying for readmission and it has been over a month since my name was lapsed from the Register. I wish pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £191.

Option 4

I 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**.

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 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.

Option 2

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

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 do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £120.

Option 4

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 do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £76.

Option 5

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 order for the amount of £159.

Option 6



Option 7

		-

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 **do not** wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of **£235**.

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**.

Please complete the direct debit instruction if you have chosen option 1, 2, 5 and 6

hpc health professions council	Instruction to your bar to pay by d		DIRECT Debit
Name and full postal address of	your bank or building society	Originator's identification number 9	52288
To the manager Address	Bank/building society	Reference Number	
Post	code	Instructions to your bank/building society Please pay HPC direct debits from the account detailed in this ins the safeguards assured by the direct debit guarantee. The amounts are variable and will be debited every six months.	struction subject to
Name(s) of account holder(s)		I understand that this instruction may remain with HPC and, if so passed electronically to my bank/building society. Date	, details will be
Bank/building society Account number Branch sort code	Banks and building societies may not accept dire	Signed Signature	

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER

The direct debit guarantee

DIRECT Debit

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

- 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 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

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:

- 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 the Northern Ireland Assembly or Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 readmission applicants.

Please return this form to the applicant once complete.

Applicant details

Name																												
Address																												
Profession																												
Referee de	etails																											
Name																												
Occupation																												
If you are a	memb	er of	a pr	ofess	ional	or re	egula	ator	y bo	ody,	ple	ase	pro	vide	its	nam	ne a	nd y	our	me	mbe	ərsh	iip/r	egis	tratio	on r	uml	ber
Practice or I	busine	ss ac	ddres	S																								
Telephone																												
Please state	e capa	city ir	ר whi	ich yc	ou kn	ow t	he a	appl	icar	nt																		
L confirm tha	t I boy		www.t	ho on	nlina	nt fo	r 🗆		NOC		and	kno		fno	roo	000	wb	(th		hou	ld n	otr	raa	tico	tho	aha		

I confirm that I have known the applicant for 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

Section 8 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)											

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)		Signature

Practice stamp

Guidance for readmission applicants (applicants who have previously been registered)

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

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

Section 3 Character and health self declarations/Vetting and Barring schemes

Section 4 Practice outside the United Kingdom (UK) form

Section 5 Paying your fees

- Readmission fee
- Registration cycle
- Note for practitioner psychologists
- Methods of payment

Section 6 Declaration of information

Section 7 Character reference

Section 8 Health reference

Appendix: other helpful information

- Our standards
- Continuing professional development
- How 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 15 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- 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(s) for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

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

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

Applying for readmission

The information provided by applicants helps us to know that:

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

Meeting our standards

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

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

Protected titles

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

Part of Register	Title
Arts therapists: Music, Drama or Art	Art therapist Art psychotherapist Dramatherapist Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists and podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian Dietician
Hearing aid dispensers	Hearing aid dispenser
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department 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 therapeutic	Radiographer Diagnostic radiographer Therapeutic radiographer
Speech and language therapists	Speech and language therapist Speech therapist

About this guidance

Applying through the readmission application process

The readmission application form is for those who have been registered with us or our predecessor organisation, the Council for Professions Supplementary to Medicine (CPSM).

Returners to practice

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

General information on completing the forms

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

Please do not send us original documents unless otherwise specified.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 are sending a bank or building society or credit union statement please black out the account number and sort code details.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 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.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible. Please do
 not make any arrangements or incur any expenses which depend upon the approval of your
 application with us. We will not accept liability for any loss or expenses incurred as a result of the
 above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

Outcomes of an application

Incomplete applications

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

Successful applications

If your application is successful, we will:

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

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

The publicly available register shows:

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

Rejected applications

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

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.

Vetting and Barring

Vetting and barring schemes are being introduced across the United Kingdom (UK) for those who work (whether paid or in a voluntary activity) with children and vulnerable adults. Whether you need to be registered will depend upon the nature and extent of your contact with children or vulnerable adults but, as the activities covered by the schemes include the delivery of health and social care, it is expected that the majority of HPC registrants will need to be registered in due course.

A separate scheme will apply in Scotland from that which applies in the rest of the UK, but a barring decision made under either scheme (preventing a person from working with children and/or vulnerable adults) will apply throughout the UK. If you work both in Scotland and another part of the UK you may need to be registered under both schemes.

Both schemes are being gradually phased in over a period of years. We can not advise you whether you need to be registered in either scheme. In order to determine if and when you need to be registered, please contact the following:

For England, Northern Ireland and Wales: Tel: +44 (0)300 123 1111 Website: http://www.crb.homeoffice.gov.uk/faqs/vetting_and_barring_scheme.aspx

For Scotland: Vulnerable Groups Scheme Implementation Team Children, Young People and Social Care Directorate Scottish Government Victoria Quay Edinburgh EH6 6QQ Tel: +44 (0)131 244 7612 Email: pvg.enquiries@scotland.gsi.gov.uk

If you are registered under either scheme (or both) for any reason, even if it is unconnected with your professional activities (for example, because of volunteer work), you need to provide us with your registration number(s).

If you are subject to a barring decision under either scheme you need to disclose this and provide us with the details of that decision.

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

Section 4 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 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 5 Paying your fees

Readmission fee

The fee we ask you to send with your application is called a readmission fee. This is a non-refundable payment of £191 and includes the first year (or part year) of registration. We cannot process your application without this payment. The readmission fee is not payable if your name was lapsed from the Register less than a month from the date we receive your application.

You must also pay your registration fee at the point you apply for readmission. The registration fee for the two year registration cycle is £152 (£76 per year). If you apply to be registered at any point during the professional year, even if only for a few days, you will need to pay the full £76. 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 and full address on the reverse side of your payment and ensure that it is not post-dated. If you do not need registration immediately in order to work, you may wish to check when your new professional year starts and apply for registration at the start of a new professional year. The table below shows the registration cycles for each profession. Please then refer to the set of options in the application form.

Important note for practitioner psychologists

The Register for practitioner psychologists opened on 1 July 2009. Applications for readmission 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 these dates a pro-rata fee will be payable. Please refer to the second set of options in the application form.

Registration cycle

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

Arts therapists 1 June – 31 May **Biomedical scientists** 1 December – 30 November Chiropodists and podiatrists 1 August – 31 July 1 October – 30 September Clinical scientists 1 July – 30 June Dietitians Hearing aid dispensers 1 August – 31 July 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 1 June – 31 May 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 judical 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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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.

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 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

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, 2012 hearing aid dispensers), 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.

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

The 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

The 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.

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

The 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;
- 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.

Please read the guidance notes before completing this form.

Grandparenting application for registration (for applicants applying through the transitional arrangements)

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

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



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

Your title	Mr Mr	s Miss	Ms	other	(please specify)			
Your first name								
Your surname/fami	ly 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						
1 A completed application form						
(2) A 'Paying your scrutiny fee' form with scrutiny fee of £420						
③ A completed, signed and dated HPC health reference form						
④ A completed, signed and dated HPC character reference form						
5 Certified* copies of two appropriate documents to confirm you	r identity					
6 Certified * evidence of any change of name (if applicable)						
A legible certified* copy of your qualification certificate(s)						
8 A statement of professional status (the original, not a photocopy)					
④ A professional reference(s) (not essential)						
10 A statement of practice (not essential)						
* Please refer to guidance notes for more information regarding certifi	cation of documents.					
Please also check that you have not :						
stapled any part of your application (applications are scanned ar	nd staples damage the scanner)					
2 placed your application in a folder, binder or plastic/paper wallet						
included any original documents (unless specifically requested)						
 included any document or item which you need to be returned (the property of HPC) 	completed application forms remain					
Your scrutiny fee						
I enclose a cheque/money order for the amount of £420		Attach a recent				
My account number is		passport sized photograph of				
		yourself here.				
My sort code is		Please do not				
I wish to pay by credit/debit card and enclose a 'paying your s details	crutiny fee' form with my account	staple.				
For HPC use only						
Date stamp	Date of registration					
Amount received £	Desistration number					
Application number	Registration number					
Application checked by:	Registered by:					

Section 1 Registration details	
Have you previously applied for registration with the HPC?	Yes No
If yes, please give your application number	
I am applying for registration as a	
Clinical psychologist	Counselling psychologists
Educational psychologist	Forensic psychologist
Health psychologist	Occupational psychologist
Sport and exercise psychologist	

Section 2 Contact details

Section 2 Contact	ae	tai	IS																							
Previous name (if applicab	ole)																									
Date of birth (DD/MM/YY)	(Y)]															
Nationality																										
National Insurance number	er (if e	appli	icab	ole)																						
Country of birth																										
Town/city of birth																										
Gender							Ma	ale		Fe	emal	е														
Home contact deta	ails																									
House/flat number																										
Street name		$\overline{\Box}$	$\overline{\Box}$																				\square			Γ
Town/city		$\overline{\Box}$	$\overline{\Box}$																				\square			Γ
County/state																						\square	\square			Γ
Postcode/zipcode		$\overline{\Box}$	$\overline{\Box}$																				\square			Γ
Country		$\overline{\Box}$	$\overline{\Box}$																							Γ
Telephone number		$\overline{\Box}$	$\overline{\Box}$																							
Mobile number		$\overline{\Box}$	$\overline{\Box}$																				\square			Γ
By providing my email	add	res	s I	con	ser	nt te	o th	e H	IPC	se	ndi	ng	me	ele	ctro	nic	m	arke	ətin	ig c	om	mu	nica	atio	ns	for
the purposes set out i	n th	еH	PC	sub	ojec	t in	nfor	mat	tion	ı sta	ater	nei	nt p	rov	ideo	d to	m	e in	th	e n	ote	s at	tac	hec	l to)
this application form.													-													
Email address																										
Werde eenteet dete																										

Work contact details

Department																									
Organisation																									
Street name																									
Town/city																									
County/state																									
Postcode/zipcode																									
Country																									
Telephone number																									
Mobile number																									
By providing my email a	addr	ess	s I c	onse	ent t	o th	ne H	IPC	ser	ndin	ng n	ne	eleo	ctro	nic	ma	arke	etin	g c	om	mui	nica	itio	ns 1	for
the purposes set out in	the	HF	PC s	ubje	ect i	nfor	mat	tion	sta	ten	nen	t p	rovi	ideo	d to	me	e in	the	e no	otes	s at	tac	hed	to	

this application form

Email address															
	 	-		 	 	 		 	 	_	 	 <u> </u>	 	-	_

Section 3 Regulatory body membership (if practised out	tside the UK)
Are you or have you been registered with a regulatory body outside the UK?	Yes No
If yes, please state:	
The name of the regulatory body	
Your registration/license number	
Name of country	
Dates of practice: from (DD/MM/YYYY) to (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 chartered member of the British Psychological Society (BPS) with a practising certificate and membership of a relevant division, or the Association of Educational Psychologists (AEP) or 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: www.hpc-uk.org for a list of approved courses.

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

Section 5 Eligibility for applying through the transitional arrangements

Please read the guidance notes carefully, before choosing one of the following two options:

Route A

I have been wholly or mainly engaged in the lawful, safe and effective practice of my profession for three ou	t of th		
prior to the date of the Register opening and am therefore making an application under Article 13(2)(a) Ye	s	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)		
	to (DD/MM/YYYY)		

Route B

I 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 No

How many hours per week, on average, have you practised the profession for which you are seeking registration?

Section 6 Proof of practice

Do you hold or have you ever held professional indemnity insurance?	Yes	No
If so, have any claims been made on your insurance?		No 🗌
Have you ever had such insurance refused or altered subject to any increased premiums or		
loaded terms?	Yes	No
If you 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/Vetting and Barring schemes

Have you been convicted of a criminal of criminal offence for which you received	offence, received a police caution or been convicted of a a conditional discharge?
Yes No If yes,	please give details on a separate sheet.
Have you been disciplined by a professi	onal or regulatory body or your employer?
Yes No If yes,	olease give details on a separate sheet.
Have you had civil proceedings (other th	nan a divorce/dissolution of marriage or civil partnership) brought against you?
Yes No If yes,	please give details on a separate sheet.
Do you have any condition that would a Yes No If yes,	ffect your ability to practise? please give details on a separate sheet.
Are you or have you ever been barred u Vulnerable Groups (Scotland) Act 2007 children? Yes No vulnerable adults? Yes No	If yes, please give details on a separate sheet.
Registration numbers	

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

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

Section 9 Education and training

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 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																			
If you have gained a further professional c	Jualific	catior	n rele	evant	to y	your	reg	jistra	atior	n ple	ease	e pro	ovid	e de	etail	S			
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			Τ																			
			Τ																			
Address																						
Address																						
Address																						
Town/city																						
County/state																						
Postcode/zipcode																						
Country																						
Contact name (eg supervisor)																						
Contact name (eg supe	erviso	or)																				
Job title of contact																						
Work telephone numbe	er																					
Employment start date	(DD/	/MM/\	YYY	Y)																		
Employment end date	(DD/I	MM/Y	$\gamma\gamma$	Y)																		
Total length of time in e	emplo	symer	nt				ye	ar/s				m	onth	IS								
(leave blank if you are s	still in	ı this €	emp	oloym	nent)																	
In the space below, ple	ease '	tell us	ab	out y	our	mair	n du	ties	anc	d res	spor	nsibi	lities	3.								
															 	 	••••	 	 			
															 	 	••••	 	 			
															 	 • • • • • •	•••••	 	 			
															 ••••	 •••••		 	 	••••		
															 	 •••••		 	 			
															 ••••	 ••••		 	 	••••		
															 	 •••••		 	 			
															 ••••	 •••••		 	 	••••		
															 ••••	 ••••		 	 	••••		
															 ••••	 ••••		 	 	••••		
					•••••										 ••••	 		 	 	••••		

Career history (continued)

Employer's name /our job title																			
	+++	\pm	+	Ħ		+			-	1	\vdash					=	=	=	۲
	++	\pm	+	Ħ		+			-	t	-					=		1	۲
Address	Ħ	Ħ	╈	Ħ		T			+										
Address	Ħ	Ħ	1	Ħ		T				T	Ē					=			=
Address	Ħ	$\overline{\uparrow}$	Ť	Ħ		T			<u> </u>	T									
Town/city	TT	Ħ	T	Ħ		Ē			1										
County/state																			
Postcode/zipcode																			
Country																			
Contact name (eg supervisor)																			
Job title of contact		Ħ	Ŧ	Ħ		t			-	T	\vdash						=	=	
		Ħ	Ť	Ħ		T			+							=			
Work telephone number		Ħ	Ť	Ħ		T				T	Ē								۲
Work telephone number																			
Employment start date (DD/MM/Y	YYY)			\square															
Employment end date (DD/MM/Y	YYY)																		
Total length of time in employmen	t		ye	ear/s			m	onth	S										
In the space below, please tell us	about y	your m	ain du	uties a	and re	espor	nsibi	lities	6.										

Career history (continued)

Employer's name																						
Your job title				Ť	T	F			=						=	_			=	=	_	
	H			t	t	F			=						=	=			=	=	=	
Address	Ħ			Ť	T	F																
Address				T	T																	
Address				T	Τ																	
Town/city																						
County/state																						
Postcode/zipcode																						
Country																						
Contact name (eg supe	ervisor))																				
Job title of contact				Ť	T	Ē								Τ								
				T	T									Τ								
Work telephone numbe		T	T	Ē																		
Work telephone number																						
Employment start date	(DD/N	1M/Y^	YYY)																			
Employment end date ((DD/M	M/YY	YY)																			
Total length of time in e	mploy	rment				ye	ar/s				m	onth	IS									
In the space below, ple	ase te	ll us a	about	your	r mai	n dı	ities	and	l res	spor	nsibi	lities	6.									
																••••	 	 	 			
										•••••						••••	 	 	 			
																••••	 	 	 			
																••••	 	 	 			
																••••	 	 	 			
										••••						••••	 	 	 			
																••••	 	 	 			
																••••	 	 	 			
	•••••																 	 	 			

Section 11 Statement of professional status

Please give this section to the person you ask to complete your statement of professional status form.

Referee's guidance on completing the statement of professional status form

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

A statement of professional status 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 the Northern Ireland Assembly or Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 statement of professional status directly to the applicant.

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

Statement of professional status

Applicant details	5
-------------------	---

Name																											
Address														-													H
														_													⊢
														_													\exists
														_													
Profession														_													\square
Referee details																											
Name																											
Occupation																											
If you are a member of	a pi	rofe	ssio	nal	or re	egula	ator	v bo	odv.	plea	ase	prov	/ide	its r	nam	ie ar	nd v	our	mei	mbe	ersh	ip/re	eaist	tratio	on r	numl	ber
,						<u> </u>			, - ,								-)									-	
														_													님
Practice or business ad	ldre	SS																									
Telephone																											
Please state capacity in	n wh	lich	you	kno	ow t	he a	appli	ican	ıt																		
How long have you kno	own	the	app	olica	nt?					yea	rs	[ma	onth	S										
How long has the appli	ow long have you known the applicant?														ma	onth	S										

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

Section 12 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

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.

This	section	is	to	be	com	pleted	by	the	ap	olicant	t.

Your title	Mr	Mrs	Miss	Ms	other (please specify)									
Your first name														
Your surname/family na	ame													
Previous name/s														
Job title/position														
Work address														
Town/city														
County/state														
Postcode/zipcode														
Country														
Date of birth (DD/MM/	(111)				1									
Please use the space b	below to tell	us any add	aitional infor	mation. Ple	lease use extra sheets if necessary.									

14

The rest of this form should be completed in full by the referee.

Your title	Mr	Mrs	Miss	Ms	other (p	olease	spec	ify)						
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 fol Qualifications	lowing se	ection to tell	us about	the appli	cant.									
												 	 ••••	
												 •••••	 	
In what capacity is th	e applican	t known to yo	u (eg emplo	oyee, stude	nt, volun	iteer)?								
											•••••	 •••••	 	
											•••••	 •••••	 	
Job title/position of th	ne applicar	nt												
												 •••••	 	
How long have you k	nown the a	applicant?			yea	ars		mc	onthe	3		 		
Dates applicant was	employed/	volunteered	Start date	e (DD/MM/	YYYY)					ļ				
			End date	e (DD/MM/Y	YYY)									

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.

Date (DD/MM/YYYY)		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.

This	section	is	to	be	com	pleted	by	the	ap	olicant	t.

Your title	Mr	Mrs	Miss	Ms	other (please specify)
Your first name					
Your surname/family na	ame				
Previous name/s					
Job title/position					
Work address					
Street name					
Town/city					
County/state					
Postcode/zipcode					
Country					
Date of birth (DD/MM/	(YYY)				
					and the stand of the second
Please use the space b	Delow to tell	us any add	iitionai intor	mation. Pie	ease use extra sheets if necessary.

17

The rest of this form should be completed in full by the referee.

Your title	Mr	Mrs	Miss	Ms	other (pl	ease s	pecif	y)								
Your first name																
Your surname/family na	ame															
Previous name/s																
Job title/position																
Work address																
Street name																
Town/city																
County/state																
Postcode/zipcode																
Country																
Telephone number																
Mobile number																
Email address																
Email address Please use the following section to tell us about the applicant. Qualifications																
In what capacity is the	applicant kr	nown to you	u (eg emplo	yee, studer	nt, volunta	eer)?										
Job title/position of the	applicant															
How long have you kno	own the app	olicant?			year	s		month	າຣ							
Dates applicant was er			Start date	ــــــ ^ DD/MM/) e		T]							
	-			(DD/MM/Y	Ē		Ē		1							

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

Date (DD/MM/YYYY) Signed

Section 13 Paying your scrutiny fee

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

I wish to pay by (please cross appropriate box)

Cheque	(payable to Health Professions Council)
British postal order	
Money order	
Bankers draft	
Debit card	
Credit card	
Amount £ 420.00	
If you have chosen to pay by debit or credit o	card please complete the section below
Cardholder's signature	
Date (DD/MM/YYYY)	
HPC USE ONLY Advisor taking payment Date taken (DD/MM/YYYY) Authorisation code Application number	
Cardholder's name	
Card number	
Valid from (MM/YY)	es on (MM/YY)
Security code (the last 3 digits of the number Visa Mastercar	Last 3 digits of the Security Code.



Section 14 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.

Date (DD/MM/YYYY)		Signature

Section 15 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 the Northern Ireland Assembly or Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 details

. .

Name																													
Address	+	+	+	-	╞	-	-			⊨	╞	-	<u> </u>																=
l																													
			Τ	Γ																									
ſ	+	+	+	÷	÷	=	1			F	F	1	-															=	
Profession		_	+	_	<u> </u>					L																			
Referee de	etails	6																											
Name																													
Occupation																													
[
If you are a r	nem	ber d	of a p	orofe	essio	nal	or re	əgul	ator	уb	ody,	ple	ase	prov	vide	its	nam	ne a	nd y	/our	me	mbe	ersh	ip/re	egis	tratio	on n	iuml	oer
	you are a member of a professional or regulatory body, please provide its name and your membership/registration number																												
		T	T	Ī																									
Practice or b	ousin	ess a	addre	ess						Ē	Ē																		
		Τ	Τ	Γ																								=	=
[+	+	+	⊨	+-	-	-			-	-	-	-															=	=
Telephone																													
Please state	capa	acity	in w	hich	you	ı kno	ow t	he a	appl	licar	nt																		
I confirm that	the			the	000	licer	at fo	r 🗌		VC		and	kno	w of	fnc	roc	000	wb	, th		hou	ld n	ot n	ract	line	tho	aba		
	lina			u ie	app	nCal				yea	a o c	UIL	NIU	vv U		100	3011	VVII	y LI IE	-y S	iiuu	u II	οι μ	nau	196		abu	vС	

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

Section 16 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)												

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)			Signature

Practice stamp

Guidance for grandparenting applicants (for applicants applying through the transitional arrangements)

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

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
- 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

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

- Route A
- Lawful, safe and effective practice
- Route B

Section 6 Proof of practice

Section 7 Statement of practice

Section 8 Character and health self declarations/Vetting and Barring schemes

Section 9 Education and training

Course information

Section 10 Career history

Section 11 Statement of professional status

Section 12 Professional reference(s)

Section 13 Paying your fee

Scrutiny fee

- Registration cycle
- Methods of payment

Section 14 Declaration of information

Section 15 Character reference

Section 16 Health reference

Appendix: other helpful information

- Our standards
- Continuing professional development
- How 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 15 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	Art therapist Art psychotherapist Dramatherapist Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists and podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian Dietician
Hearing aid dispensers	Hearing aid dispenser
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department 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 therapeutic	Radiographer Diagnostic radiographer Therapeutic radiographer
Speech and language therapists	Speech and language therapist Speech therapist

About this guidance

Applying through the transitional arrangements

Whenever a new profession becomes regulated there is a transitional period (also known as a 'grandparenting' period). This arrangement is time limited to three years beginning on the date the practitioner psychologists part of the HPC Register opens. The practitioner psychologists part of the Registered opened on 1 July 2009.

The grandparenting period allows practitioners who have previously been in practice, but who do not hold an approved qualification, to become registered if they can demonstrate to us that they meet certain criteria.

If you have been using a protected title prior to the opening of the practitioner psychologists part of the Register, you may continue to do so until the end of the grandparenting period or, if an application is made, until a final decision is reached on your application.

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 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.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 are sending a bank or building society or credit union statement please black out the account number and sort code details.

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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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* 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

Please note, if you are or have been a chartered member of the British Psychological Society (BPS) with a practising certificate and membership of a relevant division, or the Association of Educational Psychologists (AEP) or 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: www.hpc-uk.org for a list of approved courses.

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.

Route A

If you can demonstrate that you have been in practise for three out of five years (or its part time equivalent) before 1 July 2009 (the opening date of the Register for practitioner psychologists), you should apply to us as a route A applicant.

As a route A applicant you do not have to demonstrate that you meet all of the standards of proficiency, but you will need to demonstrate that you have been in practise during this time and that you have practised lawfully, safely and effectively within the area or areas of your practice.

Lawful, safe and effective practice

To help us verify that you meet our requirements for lawful, safe and effective practice, consideration will be given to the period of time during which you:

- have been included in the register of any regulatory or professional body for the relevant profession;
- have 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; and
- the nature and extent of his or her practice during any such period.

To help us determine that you have 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.

However, we will consider all the information you provide in your application in deciding whether you have met our requirements.

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.

Route B

If you can demonstrate that you have been in practise before 1 July 2009, but you have not practised for at least three out of the five years (or its part time equivalent) immediately before this date, you must apply to us as a route B applicant.

Your application will be assessed based on your education and training as well as your experience. As a route B applicant, you will need to demonstrate that you meet all of the standards of proficiency.

Section 6 Proof of practice

Please complete this section if you hold or 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.

Your application will still be considered if you do not currently hold or have never held professional indemnity insurance.

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. Please ensure that you do not include the names of any clients or patients on your statement of practice or case studies.

Section 8 Character and health self declarations/Vetting and Barring schemes

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.

Vetting and Barring

Vetting and barring schemes are being introduced across the United Kingdom (UK) for those who work (whether paid or in a voluntary activity) with children and vulnerable adults. Whether you need to be registered will depend upon the nature and extent of your contact with children or vulnerable adults but, as the activities covered by the schemes include the delivery of health and social care, it is expected that the majority of HPC registrants will need to be registered in due course.

A separate scheme will apply in Scotland from that which applies in the rest of the UK, but a barring decision made under either scheme (preventing a person from working with children and/or vulnerable adults) will apply throughout the UK. If you work both in Scotland and another part of the UK you may need to be registered under both schemes.

Both schemes are being gradually phased in over a period of years. We can not advise you whether you need to be registered in either scheme. In order to determine if and when you need to be registered, please contact the following:

For England, Northern Ireland and Wales: Tel: +44 (0)300 123 1111 Website: http://www.crb.homeoffice.gov.uk/faqs/vetting_and_barring_scheme.aspx

For Scotland: Vulnerable Groups Scheme Implementation Team Children, Young People and Social Care Directorate Scottish Government Victoria Quay Edinburgh EH6 6QQ Tel: +44 (0)131 244 7612 Email: pvg.enquiries@scotland.gsi.gov.uk

If you are registered under either scheme (or both) for any reason, even if it is unconnected with your professional activities (for example, because of volunteer work), you need to provide us with your registration number(s).

If you are subject to a barring decision under either scheme you need to disclose this and provide us with the details of that decision.

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

Section 9 Education and training

If you are a route B applicant, 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.

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 Statement of professional status

Please provide us with a statement of professional status to demonstrate the number of years you have been practising your profession.

A statement of professional status 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 the Northern Ireland Assembly or Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a registered health professional.

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

Section 12 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 13 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 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 14 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 15 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 the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces; or
- a 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 16 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 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

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.

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

The 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

The 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.

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

The 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;
- 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.