

## Education and Training Committee – 8 September 2011

Review of the Health Professions Council (HPC) Admission Form for International / EEA applicants

#### Introduction

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

Admission form – International / EEA applicants.

#### **Decision**

The Education and Training Committee (ETC) is requested to approve changes to the admission form.

#### **Background information**

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

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

The main changes to the International / EEA form are:

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

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

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

(See application form page 2 Section 1 Registration details)

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

(See application form page 4 Section 4 Regulatory body)

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

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

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

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

The changes have been reviewed the Solicitor to the Council.

## **Resource implications**

Nli

### **Financial implications**

Nil

### **Background papers**

Nil

#### **Appendices**

Admission form – International / EEA applicants

#### Date of paper

4 August 2011

Please read the guidance notes before completing this form.

International application for registration (for applicants who hold a qualification or have gained experience outside the UK)

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

Application checked by:

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



1

Before completing your application form you will need to read the guidance notes for International applicants and the standards of proficiency for your profession. Please complete this form in BLOCK CAPITALS using a black pen. Your title Mrs Miss Ms other (please specify) Your first name Your surname/family name Your profession Once you have completed this application form, please make a photocopy of it and all of the supporting documents for your own records. Please send your application by a secure postal method if you want to be certain of delivery. Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you. Checklist - please check to ensure you have enclosed the following items with your application Please cross (1) A completed application form (2) A 'Paying your scrutiny fee' form with scrutiny fee of £420 (3) A photocopy of an eligible language test certificate or declaration that English is your first language or proof of exemption by virtue of being an EEA citizen (4) A completed, signed and dated HPC character reference form

(5) Certified\* copies of two appropriate documents to confirm your identity 6 **Certified\*** evidence of any change of name (if applicable) (7) A legible **certified**\* copy of your qualification certificate(s) and certified translation (if applicable) (8) A certificate of professional status from the regulator in the country where you last practised (if applicable) Applicants wishing to exercise EEA mutual recognition rights, please include the attestation of legal establishment in another EEA state. (9) Professional reference(s) (10) A legible **certified**\* course information form (11) Background check consent form Please refer to guidance notes for more information regarding certification of documents. Please also check that you have **not**: 1 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 3 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 scrutiny fee Attach a recent passport sized I enclose a cheque/money order for the amount of £420 photograph of yourself here. I wish to pay by credit/debit card and enclose a 'paying your scrutiny fee' form with my account details. Please do not staple. For HPC use only Date stamp Date of registration £ Amount received Registration number Application number Registered by:

© Health Professions Council, 2011

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

Section 2 Contact	det	tail	S																		
Previous name (if applicable	e)																				
Date of birth (DD/MM/YYYY																					
Nationality	,																				
National Insurance number	(if a	pplic	cabl	le)																	
Country of birth	•			•																	
Town/city of birth																					
Gender						Ma	ıle		Fe	mal	е										
Home contact detai	ls																				
House/flat number																					
Street name																					
Town/city																					
County/state																					
Postcode/zipcode																					
Country																					
Telephone number																					
Mobile number																					
By providing my email at the purposes set out in this application form.  Email address											_										
Work contact detail	s																				
Department								П										Т			
					Н													Ħ		Н	
Organisation		П						T								Ħ		Ħ		Ħ	
	F				T									Н			T		T	T	
Street name																					
Town/city																					
County/state																					
Postcode/zipcode																					
Country																					
Telephone number																					
Mobile number																					
By providing my email at the purposes set out in this application form.											_					_					or
Email address																					

Section 3 Reg	gulatory bo	ody																					
Is your profession relive and/or work? If yes, please state:	egulated in the	jurisdic	tion w	here	you	cur	rent	ly (o	r mo	ost	rece	ently	/)				Ye	es			No		
The name of the rec	gulatory body																						
				Т															П	Г		Г	П
Name of country/jur	risdiction																						
				Т									Π					Т	Т	Т	Т	Т	
- " ' ' '												_		_				_				_	
Email address of the	e regulator			_										_				_	_	_	_		
Are you registered we (this includes any for If yes, please state: Your registration/lice	rm of provisior	-	-	-				on)									Ye	es			No		
Todi Togistration/iloc				$\top$														Т	Т	Т	Т	Т	
													_		Ш			_				_	Ш
The professional title	e under which	you are	regist	ered									_	_				_	_		_	_	
Dates of practice (D	D/MM/YYYY):	from											to					Г		Г	П		
Applicants exerc (see guidance no Section 4 Pro	ising EEA m	utual r	ecogr ation)	nitio	n rig	jhts							e p	roo	f of	leg	al (	est	abli	ish	mer	nt	
4.1 Please give deta	ails of any relev	ant pro	fessio	nal b	odie	s of	wh	ich y	/ou i	are	or h	nave	e be	en a	ı me	mbe	er.						
Name of professional body	Contact deta email, and				,			mbe		)		Da join				D iemb expii	red	(if		m	_eng emb (MM	ersh	
						٠																	
						1													- ['		ш		
																					_		
						$\dagger$																	
						.																	

.....

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

We must check the health and character of everyone that applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action against a registrant if their health and character raises concerns about their ability to practise safely and effectively. Please read the accompanying guidance notes carefully before completing this section.

Have you been	convicted of a c	criminal offence or received a conditional discharge or police caution for a criminal offence?
Yes	No	If yes, please give details on a separate sheet.
Have you been	disciplined by a	professional or regulatory body or your employer?
Yes	No	If yes, please give details on a separate sheet.
Have you had c	ivil 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 application relate		ental health condition that would impair your fitness to practise the profession to which your
Yes	No	If yes, please refer to the accompanying guidance notes for further advice and give details on a separate sheet.
-	-	to make a declaration to confirm that you do not have any health condition that practise your profession at section 11 of this form.
would impair  Are you or have	your fitness to	to make a declaration to confirm that you do not have any health condition tha
would impair  Are you or have	your fitness to	to make a declaration to confirm that you do not have any health condition that to practise your profession at section 11 of this form.  barred under the Safeguarding Vulnerable Groups Act 2006, Safeguarding Vulnerable Group
Are you or have (Northern Ireland	your fitness to you ever been to d) Order 2007 of Yes	to make a declaration to confirm that you do not have any health condition that to practise your profession at section 11 of this form.  barred under the Safeguarding Vulnerable Groups Act 2006, Safeguarding Vulnerable Group or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:
would impair  Are you or have (Northern Ireland children?	your fitness to you ever been to d) Order 2007 or Yes S? Yes	to make a declaration to confirm that you do not have any health condition that to practise your profession at section 11 of this form.  barred under the Safeguarding Vulnerable Groups Act 2006, Safeguarding Vulnerable Group or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:  No If yes, please give details on a separate sheet.
would impair  Are you or have (Northern Ireland children?  vulnerable adults  Registration r	your fitness to you ever been been been been been been been be	to make a declaration to confirm that you do not have any health condition that to practise your profession at section 11 of this form.  barred under the Safeguarding Vulnerable Groups Act 2006, Safeguarding Vulnerable Group or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:  No If yes, please give details on a separate sheet.
would impair  Are you or have (Northern Ireland children?  vulnerable adults  Registration r	your fitness to you ever been been been been been been been be	to make a declaration to confirm that you do not have any health condition that to practise your profession at section 11 of this form.  barred under the Safeguarding Vulnerable Groups Act 2006, Safeguarding Vulnerable Groups or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:  No If yes, please give details on a separate sheet.  No If yes, please give details on a separate sheet.

## Section 6 Education and training

Please provide details of your are seeking registration)	our pr	rofes	siona	ıl ed	uca <sup>.</sup>	tion	and	trai	ninç	g (i.e	e. yc	our c	quali	ficat	tion	for	the	prof	ess	ion v	with	in w	'hich	n yo	u
Title of your relevant qualifier (as it appears on your certification)																									
Course start date (DD/MM/	/YYY	Y)																							
Course end date (DD/MM	/	Y)																							
Name of educational institu	ıtion																								
Street name																									
Town/city																									
County/state																									
Postcode/zipcode																									
Please advise contact deta	ils for	the	cour	se a	ıdmi	nist	rator	r if p	oss	ible															
Name																									
Job title																									
Telephone number																									
Email																									
If you have gained a further	r prof	essi	onal d	quali	ficat	tion	relev	vant	to	your	reç	gistra	atior	n ple	ease	pro	ovide	e de	etails	3					
Title of your relevant qualific	cation	n																							
Course start date (DD/MM/	<b>/</b>	Y)																							
Course end date (DD/MM,	/YYY^	Y)																							
Name of educational institu	ıtion																								
Street name																									
Town/city																									
County/state																									
Postcode/zipcode																									
Please continue on a separ	rate s	heet	if ne	cess	sary																				
Please advise contact deta	ils for	the	cour	se a	ıdmi	inisti	rator	r if p	oss	ible															
Name	Щ	<u> </u>	<u> </u>	<u></u>																					
Job title																									
Telephone number																									
Fmail																									

## **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.

only langua	age you	use on a day-to-day	basis. Having studie	English is your first language if it is the main or definition or training at an assarily mean that English is your first language.
Yes	No			
relevant Eu	ıropean			u are exempt because you are a citizen of a rails of recognised language tests and the minimum
1)	which lar	nguage test you have ir	ncluded and state your	score
or				
2)		·	which you are a citizen or other evidence of cit	(this must be confirmed by a certified photocopy of the izenship.
Austria		Finland	Liechtenstein	Romania
Belgium		France	Lithuania	Slovakia
Bulgaria		Germany	Luxembourg	Slovenia
Cyprus		Greece	Malta	Spain
Czech Repul	blic	Hungary	The Netherlands	Sweden
Denmark		Iceland	Norway	Switzerland
Ireland		Italy	Poland	United Kingdom
Estonia		Latvia	Portugal	

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

## **Section 8 Career history**

Please provide a summary of your career history. Please provide this in reverse chronological order with most recent post first.	
Employer's name	
Your job title in English	╡
Tour job title in English	╡
Your job title in its original language (if applicable)	
Address	Ī
Address	Ī
Address	Ī
Town/city	
County/state County/state	
Postcode/zipcode	
Country	
Contact name (eg supervisor)	
Job title of contact	
Work telephone number	
Employment start date (DD/MM/YYYY)  Employment end date (DD/MM/YYYY)  (leave blank if you are still in this employment)	
Please complete the sections below:  That profession/occupation was subject to regulation by the following regulatory body	
Name of regulatory body	٦
Address	╡
	i
Telephone Number	Ī
Email Email	Ī
Website address	j
Your registration number (or equivalent)	Ĩ

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

Career history (continued)											
Employer's name											
Your job title in English											
/our job title in its original language											
f applicable)											
Address Address											
Address											
Address											
Town/city											
County/state County/state											
Postcode/zipcode											
Country											
Contact name (eg supervisor)											
lob title of contact											
Vork telephone number											
Employment start date (DD/MM/YYYY)											
Employment end date (DD/MM/YYYY) (leave blank if you are still in this employment)											
Please complete one of the sections below:											
Whilst practising, I was regulated by the following regulator:											
Name of regulator											
Address											
Telephone Number											
Email Email											
Vebsite address											
our registration number (or equivalent)											

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

Career history (continued)											
Employer's name											
Your job title in English											
our job title in its original language											
f applicable)											
Address											
Address											
Address											
Town/city											
County/state County/state											
Postcode/zipcode											
Country											
Contact name (eg supervisor)											
ob title of contact											
Vork telephone number											
Employment start date (DD/MM/YYYY)											
Employment end date (DD/MM/YYYY) (leave blank if you are still in this employment)											
Please complete one of the sections below:											
Whilst practising, I was regulated by the following regulator:											
Name of regulator											
Address											
Telephone Number											
Email Email											
Vebsite address											
four registration number (or equivalent)											

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

#### **Section 9 Professional Reference**

#### Referee's guidance on completing the professional reference form

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

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

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

Miss

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

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

Ms

other (please specify)

## Professional reference form 1

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

Mrs

Mr

#### **Applicant details**

Your first name

Previous name/s

Your surname/family name

Your title

				_		-	_	_	 $\overline{}$	_	_	_	_	_	_	_	_	_	
Job title/position in English	h																		
Job title/position in its origin	nal language																		
(if applicable)																			
Work details (work place	e / placemer	nt to wh	nich tl	nis ref	eren	ce is	relat	ing)											
Employer's name																			
Address																			
Address																			
Address																			
Town/city																			
County/state																			
Postcode/zipcode																			
Country																			
Work telephone number																			
Email							Ī												
																			4

Please use the spa	ce k	elov	v to te	ll us	any	ado	ditior	nal i	nfor	mat	ion.	Ple	ease	use	e ex	tra	shee	ets i	f ne	ces	sary	•			
The rest of this	forn	n sł	ould	be (	com	ple	ted	in	full	by	the	e re	fere	ee.											
Your title		Mr		М	rs		Mis	ss		Ms	8		oth	er (p	olea	se s	spec	ify)							
Your first name																									
Your surname/famil	y na	ame																							
Previous name/s																									
Job title/position																									
Work address (curr	ent)																								
Street name																									
Town/city																									
County/state																									
Postcode/zipcode																									
Country																									
Telephone number																									
Mobile number																									
Email address																									
Please use the for Qualifications	ollo	win	g sec	tior	to	tell	us	abo	out	the	e ap	plic	can	t.									 	 	
In what capacity is	the	app	licant ł	<nov< td=""><td>vn to</td><td>) yoı</td><td>u (eç</td><td>g en</td><td>nplc</td><td>)yee</td><td>, stı </td><td>uder</td><td>nt, v</td><td>olun</td><td>teer</td><td>·)? </td><td></td><td></td><td></td><td></td><td></td><td></td><td> </td><td> </td><td></td></nov<>	vn to	) yoı	u (eç	g en	nplc	)yee	, stı 	uder	nt, v	olun	teer	·)? 							 	 	

How long have you known the applicant?		years	months			
Dates applicant was employed/volunteered	Start date (DD/MM/YYY End date (DD/MM/YYYY					
Full-time hours per week  Part-time hours per week						
Please describe the work setting(s) and give artreated.	n indication of the range o	of patients, clie	ents or user	rs and the	e type of	conditions
Please tell us about the types of assessment, tunder your supervision.	reatment and evaluation:	methods that	the applica	nt used d	luring the	eir time
The HPC may make further enquiries in respect applicant and your reference. Should any of the have made any false claims, you may be common to the common to	e information you have su					
The HPC processes your personal data as disc which it is attached. The HPC may contact you personal data to third parties to check its accu- transferred to a third party for further investigat passed to any appropriate regulators in that co	u to ensure that your refe racy. Should any inaccura ion. Should a registrant to	rence is accur acies be estab	ate and ma blished, you	ay also dis r persona	sclose yo Il data m	ur ay be
By signing this reference you confirm that the i may be processed for the purposes specified a		provided is ad	ccurate and	I that you	r persona	al data
Date (DD/MM/YYYY)	Signed .					
Print Name						

## **Section 9 Professional Reference (continued)**

#### Referee's guidance on completing the professional reference form

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

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

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

Miss

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

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

# Professional reference form 2

Ms

other (please specify)

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

Mrs

Mr

## **Applicant details**

Your first name

Your surname/family name

Your title

revious name/s
ob title/position in English
ob title/position in its original language
applicable)
/ork details (work place / placement to which this reference is relating)
mployer's name
ddress
ddress
ddress
own/city
ounty/state ounty/state
ostcode/zipcode
ountry
/ork telephone number
mail

Please use the space	be	elov	v to	tell	us	any	ado	loitib	nal i	nfor	mat	ion.	Ple	ease	use	e ext	tra s	shee	ets i	f ne	ces	sary				
The rest of this for	rm	sh	oul	ld k	ре (	om	ple	ted	in	full	by	the	re	fere	e.											
Your title		Mr			Mı	S		Mis	SS		Ms	8		oth	er (p	oleas	se s	spec	ify)							
Your first name																										
Your surname/family r	nar	ne																								
Previous name/s																										
Job title/position																										
Work address (curren	t)																									
	1	_														_										
Street name	1	_	_													_										
Town/city	1	_	_													_										
County/state	1	_	_			L							Щ													Щ
Postcode/zipcode	1	_	_			L							Щ											Щ		$\blacksquare$
Country	1	_	_													_										
Telephone number	1	_	_													_										_
Mobile number	1	_	_													_										_
Email address																										
Please use the followalifications	lov	vin	g s	ect	ion	to	tell	us	ab	out	the	ар	plic	can	t.											
																	••••				••••		 		 	••••
In what capacity is the	э а	ppl	licar	nt kı	now	n to	yo!	u (e	g en	nplc	yee	, stu	uder	nt, v	olun	teer	)?									

How long have you known the applicant?		years	months		
Dates applicant was employed/volunteered	Start date (DD/MM/YYYY) End date (DD/MM/YYYY)				
Full-time hours per week  Part-time hours per week					
Please describe the work setting(s) and give artreated.	າ indication of the range of	f patients, client	ts or users ar	nd the type of c	conditions
Please tell us about the types of assessment, tunder your supervision.	reatment and evaluation n	nethods that the	e applicant u	sed during thei	ir time
The HPC may make further enquiries in respect applicant and your reference. Should any of the have made any false claims, you may be common to the common to	e information you have sup				
The HPC processes your personal data as disc which it is attached. The HPC may contact you personal data to third parties to check its accu- transferred to a third party for further investigat passed to any appropriate regulators in that co	u to ensure that your reference. Should any inaccuration. Should a registrant tra	ence is accurate cies be establis	e and may als shed, your pe	so disclose you rsonal data ma	ur ay be
By signing this reference you confirm that the i may be processed for the purposes specified a	-	provided is accu	urate and tha	t your persona	l data
Date (DD/MM/YYYY)	Signed				
Print Name					

## 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 (pleas	e cross appropriate box)
Cheque	(payable to <b>Health Professions Council</b> )
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 please complete the section below
Cardholder's signature	·
Date (DD/MM/YYYY)	
HPC USE ONLY	
Advisor taking payme	ent
Date taken (DD/MM/	YYYY)
Authorisation code	
Application number	AA
Cardholder's name	
Card number	
Valid from (MM/YY)	Expires on (MM/YY)
Security code (the last	3 digits of the number on the signature strip - see diagram below)
	Visa  Last 3 digits of the Security Code.  Mastercard  Mastercard
Issue number (if applic	able)

### **Section 11 Declaration of information**

- I declare that my physical and mental health do not impair my fitness to practise the profession to which my application relates.
- I declare that I have read, understood and will comply with the HPC's standards of conduct, performance and ethics.
- I have read the data protection information statement set out in the notes which accompany this application form and understand that the HPC may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes set out in that statement. I understand that my consent is not required for the HPC to undertake the processing required by the Health Professions Order 2001.
- I consent to the HPC processing my personal data for the purposes set out in the information statement which are not required by the Health Professions Order 2001. I understand that I may withdraw my consent to the HPC processing my personal data for any marketing purposes by writing to the HPC informing it that I am withdrawing that consent.
- I understand that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.
- I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).
- I agree to pay the fees for my registration using the option chosen by me in section 10.
- I consent to the HPC contacting any person to gather further information on my application or to confirm the information that I have provided. I consent to any person approached by the HPC to assist with the evaluation of my application providing the HPC with any information held by that person in respect of me that the HPC may request.

Date (DD/MM/Y	ΥΥ	Y)						Si	igna	ture	 						
Print Name																	

#### **Section 12 Character reference**

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

#### Referee's guidance on completing the character reference

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

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

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. A professional person (e.g. a registered health professional, a solicitor, barrister or other legal practitioner or an accountant) will be recognised as a person of standing in the community as will a:

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

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

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

### **Character reference continued**

#### This form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for International applicants.

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

Applicant details
Name Name
Address Address
Profession in English
Profession in its original language (if applicable)
Referee details
Name Name
Occupation Occupation
If you are a member of a professional or regulatory body, please provide its name and your membership/registration number
Practice or business address
Telephone Telephone
Email Address
Please state capacity in which you know the applicant (do not leave blank)
I confirm that I have known the applicant for <b>at least 3 years</b> 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 Background check consent form **Applicant details** Name Profession **Notes for applicants** Rule 5(1) of the Health Professions Council (Registration and Fees) Rules 2010 authorises the HPC to seek additional information about a registration applicant from any person or source it considers appropriate, for the purpose of satisfying itself as to the good character of that applicant. As your application may be subject to such further backgrounds checks, please provide the information and consent requested below and include this Consent Form with your application. **CONSENT TO BACKGROUND CHECKS** In making my application for HPC registration: 1. I understand that, in order to verify the accuracy of the information I have provided, the HPC may undertake further background checks including verifying the information I have given, conducting background enquiries and asking for, and checking my employment, qualifications and personal, academic and employer references. 2. I agree that: (1) the HPC may undertake such background checks as it considers appropriate for the purpose of establishing that I am of good character; (2) the HPC has appointed Kroll Background Worldwide Limited (Kroll) as its agent to carry out the checks on its behalf and may appoint such other agents as it sees fit to carry out such checks; (3) the recipient of any inquiries made as part of such checks may release information about me which they hold and which is relevant to a request for information made by or on behalf of the HPC; (4) my personal data may be given to: my referees and any other persons or bodies indentified in my application; regulatory bodies, law enforcement agencies and prosecuting authorities, both in the UK and in other jurisdictions; and such other third parties as the HPC considers appropriate; and that, for the purpose of conducting background checks, the HPC, Kroll and any other agent appointed by the HPC may transfer my personal data outside of the European Economic Area to be processed and stored in any appropriate format. I also agree that such data may be passed to Kroll Group Companies, both within and outside the EEA, for the purpose of conducting such background checks. 3. I confirm that the information I have provided in my application is true and accurate and understand that, if I have made a false declaration or provided any false information or documents in support of my application, the HPC may withhold my registration and I may be liable to prosecution under Article 39 of the Health Professions Order 2001. Date (DD/MM/YYYY) Signature ..... Print Name ..... Please sign your signature so that it matches the signature on your passport or identity card. If your first language is not composed of characters from the Latin alphabet (ABC etc.), please also provide your usual signature and name using characters from your first language in the boxes below: Signature ..... Print Name .....