- Agenda Item 11
 - Enclosure 8

Paper RC 25/03

REGISTRATION COMMITTEE

Registration/Readmission Form and Guidance Notes

From : the Executive

FOR DISCUSSION

Amendments to the Registration/Readmission Form and accompanying documents have been made. There are draft Guidance Notes to these forms.

Copies of these documents are attached for the Committee's consideration.

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The following documents are attached :

A <u>UK Applicants</u>

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(1)	Checklist for Registration / Readmission	page 1
(2)	Registration / Readmission Form	pages 2 – 8
(3)	Supplementary Details for Registration / Readmission	page 9
(4)	Instructions to Bank / Building Society	page 10
(5)	Guidance Notes to Registrants	pages 11 – 17
(6)	Health Reference Form	pages 18 & 19
(7)	Character Reference Form	pages 20 & 21

B <u>EEA / International Applicants</u>

(8)	Checklist for EEA / International Applicants	page 22
(9)	Supplementary Details for EEA / International Applicants	pages 23 – 26
(10)	Guidance Notes to Registrants	pages 27 & 28
(11)	Request for Clinical Reference	pages 29 & 30

C Grandparenting Applicants

(12)	Checklist for Grandparenting Applicants	page 31
(13)	Supplementary Details for Grandparenting Applicants	pages 32 – 35
(14)	Additional Guidance Notes for Grandparenting Applicants	pages 36 – 38
(15)	Grandparenting Application Reference Form	page 39

HPC\agendas\List of attachments, Lucinda Pilgrim, 30.4.03

Checklist for Registration/Readmission

Min April

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

NO OTHER FORM OF DOCUMENTATION IS ACCEPTABLE TO THE HPC. PLEASE DO NOT INCLUDE ANYTHING OTHER THAN THAT WHICH IS LISTED BELOW.

	PLEASE INITIAL THE BOXES	For HPC Office Use ONLY
I have signed and dated the declaration		×
I have included the £30 registration fee (for new registrants at the time of graduation)		X
OR I have included the $\pounds60$ registration fee (for all other registrants)		×
I include photocopied proof of my education and training*.		×
I have included a completed character reference		
I have included a completed health reference		
I have included a legible photocopy of my Passport, National Identity card, DVLA or EEA Driving Licence		8
I have included a legible photocopy of my Birth Certificate (or other appropriate evidence)		×
I have included evidence of any name change e.g. photocopy of Marriage Certificate		×
I have included a photocopy of proof of my Education and Training Certificates		X
I have included a copy of the CRB disclosure		8
OR I have included a copy of the SCRO disclosure	;	X
a l'al 1, rue		
* Please refer to guidance notes.	72 No	44(1)0) (D

* Please refer to guidance notes.

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1.11 Please provide details of any other name by which you have been known 1.11 1.12 Date of birth DMMYYYYY 1.13 Nationality 1.13	1.11 Please provide details of any other name by which you have been known 1.11 1.12 Date of birth DMMYYYY 1.13 Nationality 1.12 1.14 Place and country of birth 1.13 1.15 Sex Male 1.16 Do you intend to work or are you working in the NHS? Yes 1.17 Home address (This will not be available to the public) 1.17 1.18 1.19 Country		1.9 First name	1.9
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	1.18 Postcode/Zip code 1.18 1.19 Country 1.19			
	1.19 Country			
too Home telephone symbol (including STO code)	1.21 Home fax number (including STD code)	(²⁾		

SECTION 1 Personal Details cont.	
1.22 Mobile telephone number	
1.23 Email address	
1.24 Work address (if known) - (This location and pos	tcode will be published on the Register)
1.25	Postcode/Zip code
1.26 Country	
1.27 Work telephone number (including STD code)	
1.28 National Insurance Number	
1.29 For which part of the Register do you seek regist	ration?
Art Therapist	Chiropodist and Podiatrist
Orthoptist	Physiotherapist
Biomedical Scientist	Speech and Language Therapist
	Clinical Scientist
Radiographer	
	<u></u>
1.30 If you have selected Arts Therapist, please indica	197
Art Therapist	区 Dramatherapist
Music Therapist	
1.31 If you have selected Prosthetist and Orthotist, ind	
Prosthetist	区 Orthotist
1.32 If you have selected Radiographer, please indicat	
Diagnostic Radiographer	K Therapeutic Radiographer
Both	। । ।
1.33 Are you registered to practise in this or any other	
1.34 If you have answered 'yes' to the above question	I please state details
Regulatory/Professional Body	
Registration Number	
1.35	
Please attach	
a recent	
photograph here.	CI. Plc i
	_ 3741
AND DECEMBER OF AN	flow Staple? Stich

)			<u> </u>
SECTION 2 Character			
2.1 Have you included your character reference	e? 🕅 Yes 🕅 No		
2.2 Are you a member of a relevant Profession	al Body/Organisation? 🕅 Yes 🕅	No	RE NOTEXX
NAME OF PROFESSIONAL BODY/ORGANISATION	ADDRESSIOF		CODE: REGISTRATION HAS BEENHELD
OF WHICH YOU ARE A MEMBER	PROFESSIONAL BODY/ORGANIZA		NUMBER ((NYEARS)

S	ECTION 3 Legal and Disciplinary Proceedings			
3.1	Have you included a Criminal Records Bureau check with your application form?	🔀 Yes		3.1
	Have you ever been convicted of a criminal offence in the UK or elsewhere?		🕅 No	3.2
3.3	Have you ever been disciplined by a professional or regulatory body in the UK or elsewhere?	🖾 Yes		3.3
3.4	Have you ever had civil proceedings brought against you in the UK or elsewhere?	🔀 Yes	🔯 No	3.4
3.5	If you have answered "yes" to questions 3.2 to 3.4 please provide details			3.5

SECTION 4 Health Declaration

4.1	Have you included your health reference?	

4.2 Are you suffering from any condition that may impair your ability to practise?

4.3 If you have answered 'yes' to the above question please provide details.

REENOTEXX	🕅 Yes	🕅 No
	🔀 Yes	🕅 No

4.2	
4.3	

4.1

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	5.1	What professional qualification have you obtained?	5.	1
			REF NOTE OC	
	5.2	Name and address of Institution where professional qualification was obtained?	5.	2
		Postcode/Zip code		
			REFINOTE OS	
	5.3			
	5.4	If you are aware of Institution name change please state new name	5.	4
			5.	5
	5.6	Please give details of your professional qualifications in reverse	BEF NOTE X	.6
		chronological order (i.e. most recent first)		
í	5.7	Date of qualification/training/experience	5.	.7
				.8
	5.8	Qualification/training/experience obtained		
	5.9	Name and address of Institution where qualification/training/experience was obtained	5.	.9
		Postcode/Zip code		
	5 10	Subjects studied	5.1	0
	5.10			
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`	5.11	Details of clinical practice	5.1	1
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	6 12	2 Method of assessment	5.1	12
	5.12			-
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		and the second		
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S	ECTION 5 Education and Training con.		
5.13	B Date of qualification/training/experience	DDMMYY	5.13
	Qualification/training/experience obtained		5.14
	5 Name and address of institution where qualification/training/experience was obtained		5.15
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		2 7 7	
		i	
5.16	5 Subjects studied		5.16
5.17	7 Details of clinical practice		5.17
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<i>.</i>	B Method of assessment		5.18
5.18			
5.20	9 Date of qualification/training/experience 0 Qualification/training/experience obtained 1 Name and address of Institution where qualification/training/experience was obtained	<u>[::::::::::::::::::::::::::::::::::::</u>	5.19 5.20 5.21
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5.20	o Qualification/training/experience obtained	[<u>;;;),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	5.20
5.20 5.21	0 Qualification/training/experience obtained 1 Name and address of Institution where qualification/training/experience was obtained Image: training and training address of Institution where qualification/training/experience was obtained Image: training address of Institution where qualification/training/experience was obtained Image: training address of Institution where qualification/training/experience was obtained Image: training address of Institution where qualification/training addr	[<u>[]]]</u>	5.20 5.21
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5.20 5.21	a Name and address of Institution where qualification/training/experience was obtained a Name and address of Institution where qualification/training/experience was obtained a Details of clinical practice		5.20 5.21 5.22
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5.20 5.21	o Qualification/training/experience obtained 1 Name and address of Institution where qualification/training/experience was obtained 1 Output 1 Name and address of Institution where qualification/training/experience was obtained 1 Name and address of Institution where qualification/training/experience was obtained 2 Subjects studied 3 Details of clinical practice 4 Method of assessment		5.20

SECTION 6 Declaration of Information

I DECLARE that I have read, understood and will keep to the HPC's Standards of Conduct, Performance and Ethics.

I CONFIRM that I have read and understood the HPC Data Protection statement and I authorise the HPC to process my information accordingly.

I DECLARE that the information given in this form, and in any supporting documents, is true and accurate.

I UNDERSTAND that fraudulently procuring an entry in the HPC register is a criminal offence under Article 39 of the *Health Professions Order 2001*



HPC Disclaimer

HPC will try to process your application as quickly as possible and, once it has been considered, HPC will notify you of its decision in writing. In the meantime, you should not enter into any arrangements or incur any expenses which depend upon your application being approved, HPC accepts no liability for any loss or expense you may incur. Please note that it is a criminal offence to falsely represent that you are registered with the HPC. It is also a crime to use a professional title protected by the *Health Professions Order 2001* to which you are not entitled.



This form and supplementary information is the property of HPC. Please return your completed forms and any additional information to:



Registration Department The Health Professions Council, Park House, 184 Kennington Park Road, Kennington, London SE11 4BU [t] 020 7582 0866 [f] 020 7820 9684 [e] info@hpc-uk.org [w] www.hpc-uk.org REF NOTE

REF NOTE

REFINOTE 19



Supplementary Details for Registration/Readmisssion

SECTION 7 Payment Instructions

REFNOTEX
ou may pay for your initial registration fee by one of the following methods
lease select one of the following:
🕅 Credit card 🖾 Debit card 🖾 Cheque 🖾 Postal order
ard type (Switch, Mastercard, Visa, Delta)
alid from MMYY
xpiry date MMYY
ast 3 numbers of security code printed on signature strip
ard name and billing address if different from permanent address on personal details section of form
itle 🖾 Mr 🖾 Mrs 🖾 Miss 🖾 Ms Other
itle Mr Mrs Miss Ms Other
nitials/Name
itials/Name
hitials/Name

_____ (insert name) enclose a £ Sterling cheque to the value of £60 for my registration fee**

* £30 registration fee (for new registrants at the time of graduation)

** £60 registration fee (for all other registrants)

1.





Instructions to your Bank or Building Society to pay by Direct Debit

Please fill in the form and send to:

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

Name(s) of Account Holder(s)	Originator's Identification Number
	Registration Number
Bank/Building Society Account Number	Instructions to your Bank/Building Society
Branch Sort Code	Please pay HPC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.
Name and full postal address of your Bank or Building Society	The amounts are variable and will be debited every six months.
To the Manager	I understand that this instruction may remain with HPC and, if so, details will be passed electronically to my Bank/Building Society.
Address	
	Signature
Postcode/Zip code	 Date



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 take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment date changes HPC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by HPC or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

(10)



Guidance Notes to Registrants Applying Regulation with HPC

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Introduction

This document provides guidance to applicants completing the form entitled Registration/Readmission. The criteria for registration with the HPC are laid out in Articles 9 – 13 of the *Health Professions Order 2001*.

What does HPC do?

The Health Professions Council (the HPC) is a new regulator whose job is to protect people treated by the health professionals it registers. The HPC only registers people who meet its standards for their behaviour, professional skills and health. Health professionals on the HPC's Register are called "registrants". A full list of the 12 health professions can be found in Note 8.

mHow does this impact me?

One of the major changes to the regulation of health professionals is the protection of professional titles. This means that as of May 1st 2003, anyone wishing to practise under one of the titles listed in Note 8 will have to be registered with the Health Professions Council, or they will be subject to prosecution.

Is there any other information?

A brochure explaining how to become registered with the HPC can be requested by writing to:

The Communications Department

The Health Professions Council Park House 184 Kennington, Park Road London SE11 4BU or email: info@hpc-uk.org

Copies can also be downloaded from our website at: www.hpc-uk.org/communications

How do I complete the form?

Applicants should complete the form using a black ball point pen ONLY. All text should be written in CAPITAL LETTERS. All sections requiring the applicant to supply details can continue on a separate sheet of paper ensuring that the details of the question number are clearly marked at the top. Supporting documentation & Sheets should be attached to the application form using a paper clip. PLEASE DO NOT STAPLE ANY INFORMATION TO THE FORMS Follow examples below:

	S-* CORRECT	INCORRECT
When marking a box	\boxtimes	
When marking a box please ensure you write in CAPITAL LETTERS	LETTERS	LETTERS
When marking a box please use a black ball point pen	×	X

Important notices to all applicants

i. All forms are the property of the HPC and should be returned to:

The Registration Department

Park House 184 Kennington Park Road London SE11 4BU

ii. The HPC will seek to process applications for registration as quickly as possible and, once all the information has been considered in the round, the HPC will notify an individual in writing of the decision. In the meantime, an applicant is asked not to enter into any arrangements or incur any expenses which depend upon an application being approved. The HPC accepts no liability for any loss or expense which may be incurred. Please note that it is a criminal offence to falsely represent that an individual is registered with the HPC or to use a professional title protected by the *Health Professions Order 2001* unless an individual is so registered.

iii. Applicants applying with an approved qualification should note that it must have been obtained within the last four years, immediately preceding the date of the application. Otherwise, please submit a request in writing to:

The Registration Manager The Health Professions Council Park House 184 Kennington Park Road London SE11 4BU or email registration@hpc-uk.org

iv. A period of two years only has been provided to entrants applying for registration under the transitional arrangements (grandparenting process). An applicant must have applied to the register before April 30th 2005 otherwise entry will only be considered under the rules defined in Article 9 of the Health Professions Order 2001.



On the condition that all requirements of the registration process are satisfied an applicant will be notified in writing by the HPC that their application has been successful. The standard registration fees are £60 per annum and are payable on a two-year registration cycle. To spread the costs of registration, a six-monthly direct debit option is available to all registrants, fees are also tax deductible. For further details of fees and payment methods please refer to relevant sections.

2. Application Criteria [Section 1]

The form is applicable to those individuals who are applying on one of the following conditions: readmission, grandparenting, a qualification awarded elsewhere in the EEA, a qualification awarded outside of the EEA, approved qualification awarded in the UK.

3. Personal Information [Section 1]

This section should be completed as fully as possible. Sections 1.1 to 1.15 of the registration/readmission form are mandatory fields as this information will be used to verify the identity of an applicant. Falsifying information may result in an application being suspended from registration whilst a full investigation takes place. Applicants should be aware that fraudulently procuring an entry in the HPC Register is a criminal offence under Article 39 of the *Health Professions Order 2001* and may be subject to prosecution in a court of law.

Information that is held on the Register is divided into two sections, part one is information made available to the general public, the second part is information held by the Health Professions Council and used to contact individual applicants for re-registration purposes. A record that is made public will show:

- Name
- Unique identifier (registration number)
- Part of Register on which registrant is registered (e.g. Clinical Scientist will show Clinical Scientists)
- Subsection where applicable
 - (e.g. Diagnostic Radiographer or Therapeutic Radiographer)
- Date of current registration
- Date of expiry of current registration
- Practice Committee orders applying to the registrant, including interim orders
- The approximate geographical area in which a registrant practises (e.g. Guildford GU5)

4. Name Changes [Section 1]

All name changes should be notified to the HPC and substantiated with appropriate documentary evidence. (e.g. Marriage certificate) If any evidence submitted in the form or supporting documentation indicates different name(s) an explanation will be requested and may result in the form being rejected and returned to the applicant to re-supply with appropriate documentation.

5. Address Details [Section 1]

Legal registered address is the home address, this is not published on the publicly available Register. However, it is required by the HPC for all correspondence. The work address, should be the main place of work, if known. This is held on the Register for the purposes of publicly available information. The details shown to the public will be the approximate geographical area in which a registrant practises (e.g. Guildford GU5). Refer to Note 4 entitled Personal Details.

6. Use of Professional Title [Section 1]

Once registration has been completed, individuals will receive a notification letter from the HPC which will include a registration number. A Certificate of Registration will be sent to successful applicants in the post. This entitles an individual to use their professional title with the full endorsement of the HPC. A full list of professions regulated by the HPC and the titles are listed in Note 7.

7. Regulated Professions [Section 1]

The health professionals regulated by the HPC are listed in the table below. This illustrates the Parts and subsections of the Register and the designated tiles that are protected in law:

PARTIOF REGISTER	SUBSECTION AN FAMILY	TITLE
Arts Therapist	Art Therapist Dramatherapist Music Therapist	Art Psychotherapist Art Therapist Music Therapist Dramatherapist
Chiropodist and Podiatrist		Chiropodist Podiatrist
Clinical Scientist		Clinical Scientist
Dietician		Dietician Dietitian
Biomedical Scientist		Biomedical Scientist
Occupational Therapist		Occupational Therapist
Orthoptist		Orthoptist
Prosthetist and Orthotist	Prosthetist Orthotist	Prosthetist Orthotist
Paramedics		Paramedic
Physiotherapists		Physiotherapist Physical Therapist
Radiographers	Diagnostic Radiographer Therapeutic Radiographer	Radiographer Diagnostic Radiographer Therapeutic Radiographer
Speech & Language Therapists		Speech & Language Therapist Speech Therapist

8. Character [Section 2]

This section provides an opportunity for applicants to demonstrate any membership of a relevant professional body/organisation. Applicants should note that the HPC may contact an individual body/organisation to confirm details provided in the registration/readmission form.

9. Character Reference [Section 2]

A person of professional standing in the community and includes a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, justice of the peace, minister of the church, rabbi, imam or other religious official acceptable to The Council who in not a relative of the applicant and who has known the applicant for at least three years. Any reference provided is part of an application for registration should be signed and dated by the referee. He/she must understand that it is a criminal offence under the *Health Professions Order 2001* to make any declaration falsely.

10. Criminal Record [Section 3]

A criminal records bureau check must be included with every application. This requires an individual to complete a CRB check which costs £12 or a SCRO check which costs £13.60.

11. Health Declaration [Section 4]

A registered medical practitioner must provide a reference declaring that an individual has been fit to practice. Any reference provided as part of an application for registration should be signed and dated by the referee. He/she must understand that it is a criminal offence under the *Health Professions Order 2001* (HPO) to make any declaration falsely.

12. Education & Training [Section 5]

Please provide details of your original qualification. For those applicants applying with an approved qualification awarded in the UK, this should be inserted in this section. Other applicants are welcomed to supply appropriate details as evidence of their education and training experience.

SPECIAL NOTE: For those applicants applying under the transitional (grandparenting) process. Any information supplied in this section is provided on a voluntary basis at the discretion of the applicant. Any details may facilitate the assessment of your registration form.

13. Declaration [Section 11]

The declaration is a legal requirement of registration. It is mandatory for applicants to sign this section, without which, the form cannot be processed or considered as completed. Applicants are reminded that fraudulently procuring an entry in the HPC register by providing false or inaccurate information constitutes a criminal offence under Article 39 of the *Health Professions Order 2001*.

Appendix 1 – Standards of Proficiency

Details of the standards of proficiency are available on written request to: Education and Training Department Park House 184 Kennington Park Road London SE11 4BU

or email: education@hpc-uk.org copies can also be downloaded from our website at: www.hpc-uk.org/apply

Appendix 2 – HPC Data Protection Policy

See attached documentation entitled HPC Data Protection Policy.

Appendix 3 – Statement of Good Conduct, Performance & Ethics

Detail of the Statement of Good Conduct, Performance & Ethics is available on written request to:

Communications Department Park House 184 Kennington Park Road London SE11 4BU

or email: info@hpc-uk.org

Copies can also be downloaded from our website at: www.hpc-uk.org/apply

> Chief Executive & Registrar The Health Professions Council Park House, 184 Kennington Park Road

Why !

Kennington, London SE11 4BU [t] 020 7582 0866 [f] 020 7820 9684 [e] info@hpc-uk.org [w] www.hpc-uk.org

Guidance Notes to Registrants Applying Regulation with HPC

14. International Applicants

An unregistered professional who wishes to practise under one of the professional titles Note 7 must become registered with the UK HPC. The UK *Health Professions Order 2001* is the legislation setting down the rules of operation for the UK HPC, including the protection of title. It contains provision explained in Article 9 for individuals to apply for registration with the HPC if they have qualified overseas and do not hold one of the UK 'approved qualifications.' This process is referred to as 'International'. A full list of approved qualifications, courses and institutions is available from the HPC website, found under Education and Training: www.hpc-uk.org or by contacting the HPC Education and Training Department in writing or via email at: education@hpc-uk.org

International applicants can apply to become registered with the HPC. They must satisfy the Council that their education is of the requisite standard of proficiency required for registration. If they do not hold an educational qualification, evidence of appropriate experience and training must be supplied to demonstrate how the requisite standard of proficiency has been attained. All documentation must be provided in English.

15. Eligibility for Registration

Applicants must be made aware that there are strict rules governing eligibility for registration via the international process. If evidence is given to HPC that an applicant has provided inaccurate information or fraudulently completed the registration form, the application will be immediately terminated and notification sent to the individual explaining the procedures they will face (please note the HPC will not refund the £200 scrutiny fee*).

16. EEA Applicants

It is strongly recommended that all EEA applicants apply for registration with the HPC if they wish to work in the United Kingdom.

17. Personal Details [Section 1a]

A test of English may be required from those candidates who do not meet the requisite standard of proficiency. Evidence may be requested and should be supplied by all international candidates who have answered that English is not their first language. Suitable evidence that is accepted by the HPC are as follows:

For all applicants (except those applying to be registered as Speech & Language Therapists) 3.1 ILETS Level 5.0 3.2 TSE (Test of Spoken English) Level XX 3.3 TOEFL Level XX For all Speech & Language Therapists:

- 3.4. ILETS Level 8.0
- 3.5. TSE (Test of Spoken English) Level XX
- 3.6. TOEFL Level XX

18. Career Summary [Section 9]

Is requested of all candidates

19. Scrutiny Fees*

A non-refundable fee of £200 is charged for all international applicants this must be included with the registration form submitted to the HPC. This is a mandatory requirement and a form cannot be processed until this fee is paid in full.

The fee has been set to cover the administrative costs of the HPC and professional assessors who must be recompensed for giving their time to HPC in undertaking the evaluation of registration/readmission forms.

Applicants may be given a refund where evidence of extenuating circumstances is shown. All instances will be judged on a case by case basis at the discretion of the HPC and are not subject to appeal.

(16)

20. Information on scrutiny payments [Section 10]

An individual who applies to be regulated by the HPC, must complete the payment details section of the registration/readmission form and return the document to:

The Registration Team Park House 184 Kennington Park Road Kennington London, SE11 4BU

When paying by credit/debit card please ensure that the card number supplied is that found on the middle of the card. The diagram below shows where information can be found on the card:



The security code



21. Clinical Reference [checklist]

Two clinical references are requested of all international and EEA candidates, where they are able to provide such supplementary information. This may be used to provide additional evidence to assessors of an individual's ability to practise safely and effectively.

22. Course Transcript [checklist]

Course transcripts are requested of all international and EEA candidates, where they are able to provide such supplementary information.

23. Test of Competence

An individual who applies to be regulated by the HPC via the international process, may be requested to undertake a test of competence. This will be used to satisfy the HPC Council of their ability to practice safely and effectively. In the event of a Test of Competence being required, individuals will be notified in writing by the HPC and requested to present themselves at the allotted time and date. Failure to do so will be recorded and may be taken into consideration as part of the individual's application to become registered.



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Health Reference Form Health Professions Order 2001

Before being registered under the Health Professions Order 2001 an applicant must satisfy the Health Professions Council that he or she is of good health. A reference as to the applicant's health is to be provided on this form by a registered medical practitioner who is not a relative of the applicant and who has been either the applicant's doctor for the past three years or who has examined the applicant's medical records made by a general medical practitioner who has known the applicant for that period.

A reference may be provided based on the registered medical practitioner's personal knowledge at the time the application is made without carrying out a formal health examination. However, the Council may require the applicant (at his or her own expense) to undergo such an examination in order to provide satisfactory evidence of good mental and physical health.

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

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I have examined the medical records of the above named person made by a registered medical practitioner who knew him/her for the last three years, or by a registered medical practitioner who practised in partnership with that practitioner and am satisfied that there appears to be no medical reason which would affect his/her** capacity to practise as a

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Any additional information

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(Name (please print)
	Signed Date
	* Insert profession ** Delete as appropriate
	NOTE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the <i>Health Professions</i> <i>Order 2001</i> is a criminal offence.
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Before being registered under the *Health Professions Order 2001* an applicant must satisfy the Health Professions Council that he or she is of good character. A reference as to the applicant's character is to be provided on this form by a person of professional standing in the community and includes a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, justice of the peace, minister of the church, rabbi, imam or other religious official acceptable to the Council, who is not a relative of the applicant and who has known the applicant for at least three years.

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

Name of applicant															Τ	1										Τ]	1						
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Any additional information

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* Insert profession

NOTICE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the *Health Professions Order 2001* is a criminal offence.

Checklist for EEA/International Applicants

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

NO OTHER FORM OF DOCUMENTATION IS ACCEPTABLE TO THE HPC. PLEASE DO NOT INCLUDE ANYTHING OTHER THAN THAT WHICH IS LISTED BELOW.

	PLEASE INITIAL THIS BOX	For HPC Office Use ONLY
I have signed and dated the declaration I have included the £200 scrutiny fee I have included a completed character reference I have included a completed health reference		
I have included a legible photocopy of my Passport, National Identity card, DVLA or European Driving Licence or EU Photo Identity card I have included a legible photocopy of my Birth Certificate I have included evidence of any name change		
e.g. photocopy of Marriage Certificate I have included photocopy proof of my Education and Training Certificates* I include photocopied proof of my course transcript*		
I have included a copy of the CRB disclosure OR I have included a copy of the SCRO disclosure		

If you are able to provide the following documentation in support of your application, please do so:

	PLEASE INITIAL THIS BOX	For HPC Office Use ONLY
I have included two clinical references		×

If you don't hold a qualification comparable to a UK approved qualification you may still be eligible for registration. The HPC can take into account
any additional training and experience that you have. You should provide evidence to support this. e.g. reference from employer/Institution, certificates.

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Supplementary Details for EEA/International Applicants

SECTION 1A Your Personal Details

What is your first language?

Are you proficient in English?

🖾 Yes 🖾 No

If you have answered 'no' to the above question please provide evidence in your application.

If you have selected Clinical Scientist, please state which modality and sub-modality you will be seeking registration for:

REF NOTEXX

Clinical Biochemistry	Clinical Microbiology
	Bacteriology
🕅 Immunology	
Paediatric Biochemistry	Parasitology
Toxicology	🕅 Virology
Molecular Biochemistry	Epidemiology & Statistics
Clinical Genetics	Reference Microbiology
Molecular Genetics	Haematology
K Cytogenetics	Haemostasis & Thrombosis
	Blood Transfusion
Medical Physics & Clinical Engineering	Haemato-Oncology
図 Biomaterials	Flow Cytometry
Biomedical Engineering	Red Cell Disorders
	Haematological Genetics
Emerging Technology	Clinical Immunology
区 Equipment Management	
Imaging Physics	Histocompatibility & Immunogenetics
Medical Electronics & Instrumentation	🕅 Audiology
Physiological Measurement Techniques	🕅 Embriology
Non-ionising Radiation	
Radiation Physics	Clinical Physiology
Radiation Protection	Gastro-Intestinal Physiology
	Respiratory Physiology
	Autonomic Vascular Physiology
	Neuro-physiology

SECTION 9 Career Summary

Please provide a brief career history the profession for which you seek re	of employr	nent ON	NLY unde	er your prol	essional title o	r experience withi	n REF NOTE SC
Employers name/Business name							
Address		:					
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Country							
Job title/Position							
Start date DMMYYYY							
Main responsibilities/duties							. ,
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Employers name/Business name							
Address							
		Р	ostcode	/Zip code			
Country							
Job title/Position							
Start date D M M Y Y Y							
Main responsibilities/duties							
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Employers name/Business name		
Address		
	Postcode/Zip code	
Country		
Job title/Position		
Start date DMMYYYY		

Main responsibilities/duties

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End date		DN	/ M	Y	۲ľ	/ Y]																														
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Main responsibilities/duties
Employers name/Business name
Postcode/Zip code
Start date DMMYYYY
Main responsibilities/duties
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SECTION 10 Payment Instructions

You may pay for your scrutiny fee by one of the following mechanisms	REFINOTEXX
Please select one of the following:	
🖾 Credit card 🖾 Debit card 🖾 Cheque 🖾 Postal order	
Card type (Switch, Mastercard, Visa, Delta)	
Last 3 numbers of security code printed on signature strip	
Card name and billing address if different from permanent address on personal details section of form	· · · · · · · · · · · · · · · · · · ·
Title 🕅 Mr 🖾 Mrs 🖾 Miss 🖾 Ms Other	
Surname/Family name	
CHEQUE PAYMENTS	
I, (insert name) enclose a £ Sterling cheque to the value of £200 for my scrutiny fee	3

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POSTAL ORDERS

I, _____

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P

_____ (insert name) enclose a postal order to the value of £200 for my scrutiny fee



C Guidance Notes to Registrants Applying Regulation with HPC

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- 3.2 TSE (Test of Spoken English) Level XX $\,$
- 3.3 TOEFL Level XX
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Request for Clinical Reference

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

1.0	APPLICANT'S NAME AND ADDRESS 1.0 Title Mrs Miss Ms Other
	Sex Male Female Forename
	Surname/Family name
	Address (This will not be available to the public)
	Country Country Other names in full
	Nationality
	THE REMAINDER OF THIS FORM IS TO BE COMPLETED FULLY BY THE REFEREE
2.0	REFEREES NAME AND ADDRESS 2.0 Title Mr Mrs Miss Ms Other

Sex 🕅 Male 🕅	Female																					
Forename																						
Surname/Family nam	ne]								
Address (This will not be available to the public)												Ì										
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Fax number (includin	g STD code)														1						
Email address														[-				
3.0 Referee's job title					l] 3.0
Qualifications																						
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4.0 In what capacity is the applicant known to you eg. employee, student, volunted
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5.0	Job title of the applicant						5.0
6.0	How long have you known the applicant?	YYMM			_		6.0
7.0	Dates applicant was employed Start	YMM	Finish	Y Y M M]		7.0
8.0	Hours worked:						8.0
	Full-time hours per week						
	Part-time hours per week						

9.0 Please describe the work setting(s) in which the applicant was employed giving an indication of the range of patients 9.0 or clients, the type of conditions treated, in addition to assessment, treatment and evaluation methods used.

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Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

	PLEASE INITIAL THE BOXES	For HPC Office Use ONLY
I have signed and dated the declaration		×
I have included the £200 scrutiny fee		X
I have included a completed character reference		×
I have included a completed health reference		8
I have included a legible photocopy of my Passport, National Identity Card, DVLA or European Driving Licence		×
I have included a legible photocopy of my Birth Certificate		
I have included evidence of any name change e.g. photocopy of Marriage Certificate		⊠
I have included a copy of the CRB disclosure		
OR I have included a copy of the SCRO disclosure		X

If you are able to provide the following documentation in support of your application; please do so:

PLEASE INITIAL THIS BOX	For HPC Office Use ONLY
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Supplementary Details for Grandparenting Applicants

SECTION 1A Your Personal Details

Is this your main occupation? 🖾 Yes 🖾 No										575		ज्याव		259																			
If you have answered 'no' to the above question, please provide the following details:																																	
How many hours per week have you practised on average?																																	
How many hours per week do y	How many hours per week do you spend working at your other occupation?																																
What is your other occupation?												<u> </u>	-		L	<u> </u>				<u> </u>		1	<u> </u>						<u> </u>		İ	<u> </u>	

SECTION 2A Character

If possible, please provide a reference, which supports your claim to have practised the profession for which	A REENOTES
you are applying for registration.	
Yes I have included a reference No I have not included a reference	
Do you hold or have you ever held professional indemnity insurance?	
If so have any claims been made on your insurance?	লা হো
Have you ever had such insurance refused or altered subject to any increased premiums or loaded terms?	외 Yes 🖾 No
If you have answered 'yes' to any of the above question, please provide details.	

🕅 No

🕅 No

SECTION 7 Eligibility for Transitional Arrangements

Are you making an application under Article 13 (2) (a)?	🕅 Yes
Are you making an application under Article 13 (2) (b)?	🕅 Yes

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SECTION 8 Career Summary

Please provide a brief employmen	nt or career histor	ry.		REPNOTER
Employers name/Business name				
Address				
		Postcode/Zip code		
Country				
Job title/Position				
Start date				
End date]			
Main responsibilities/duties				

NUMBER OF STREET

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Job title/Position]]							
Start date DMMYYYY																										
End date																										
Main responsibilities/duties						-																		-		
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Employers name/Business name Address						code	e/Zip) CO	de																	

Main responsibilities/duties

SECTION 9		

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You may pay for your scrutiny fee by one of the following methods	REFINOTEXX
Please select one of the following:	
Credit card Debit card Cheque Postal order	
Card type (Switch, Mastercard, Visa, Delta)	
Last 3 numbers of security code printed on signature strip	
Card name and billing address if different from permanent address on personal details section of form	
Card name and billing address if different from permanent address on personal details section of form Title Mr Mrs Miss Ms Other	
Title Mr Mrs Miss Ms Other	
Title Mr Mrs Miss Ms Other Initials/Name Initials/Name Initials/Name Surname/Family name Initials/Name	
Title Mr Mrs Miss Ms Other	
Title Mr Mrs Miss Ms Other Initials/Name Initials/Name Initials/Name Initials/Name Surname/Family name Initials/Name Initials/Name Initials/Name	
Title Mr Mrs Miss Ms Other Initials/Name Initials/Name Initials/Name Initials/Name Surname/Family name Initials/Name Initials/Name Address Initials/Name Initials/Name	
Title Mr Mrs Miss Ms Other Initials/Name Initials/Name Initials/Name Initials/Name Surname/Family name Initials/Name Initials/Name Initials/Name Address Initials/Name Initials/Name Initials/Name Country Initials/Name Initials/Name Initials/Name	

(insert name) enclose a postal order to the value of £200 for my scrutiny fee

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SECTION 10 Practice Detail

Please provide a brief description of your areas of professional practice. You may wish to do this by providing no more than three patient/client case studies.

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You may continue on a separate sheet of paper and append this to your application form indicating the question to which it relates at the top

14. Grandparenting

An unregistered professional who wishes to continue practising under one of the professional titles [See Note 2] must become registered with the HPC. The Health Professions Order (2001) is the legislation setting down the rules of operation for HPC, including the protection of title. It contains provision explained in Article 13 for individuals to apply for registration with the HPC if they do not hold an 'approved qualification.' This process is referred to as 'Grandparenting' or transitional arrangements. Explanatory notes of how it applies to the registration/readmission form are given in Notes 8, 9 & 10. A full list of approved courses is available from the HPC website, found under Education and Training: www.hpc-uk.org

15. Hours of Practice [Section 1]

Applicants are requested to provide evidence of clinical practice time. This enables the Health Professions Council to approve the route by which an applicant is processed. (Please refer to the Introduction Sections 2.1 & 2.2)

Wholly engaged in the profession has been defined as 35hours per week on average. This means for an individual who works part-time to qualify under Section 2.1 he/she must be able to demonstrate that they have been in practice five years preceding the date of the register opening otherwise they automatically become a Candidate assessed under Route B. (Please refer to Section 2.2)

16. Eligibility for Transitional Arrangements

Applicants must be made aware that there are strict rules governing eligibility for registration via the Grandparenting process. If evidence is given to HPC that an applicant has previously been on the CPSM Register under the title of the profession for which registration is being sought, the application will be immediately terminated and notification sent to the individual explaining the procedures that they will need to follow. (Please note the HPC will not refund the £200 transitional arrangement fee*)

17. Registration Route a [section 2]

Applicants must demonstrate lawful, safe and effective practice of the profession. In addition the applicant must have for a period of the last three out of five years or it's equivalent on a part-time basis, immediately preceding the date on which the register opens (May 1st 2003) been wholly or mainly engaged in practice of the profession for which he/she wishes to be registered.

All applicants satisfying these criteria which are set out in the registration/readmission form will be approved for registration. In the event that an applicant fails to meet any of the criteria he/she may be requested to undertake a test of competence to satisfy the Council of his/her ability to demonstrate the required standard of proficiency which is a requisite of all applicants applying for registration to the Health Professions Council.

18. Registration Route b [Section 2]

An applicant who has not practised for the period defined under route A (i.e. 3 out of the last five years or equivalent part-time basis by May 1st 2003) may still apply for registration. He/She must satisfy the Council that they meet the requisite Standard of Proficiency having undertaken training and experience that can be used to demonstrate these criteria.

19. Character Reference [section 3]

A character reference is a requirement of registration.

20. Membership of Professional bodies [section 3]

An applicant must list any entities to which they have had membership that is relevant to any position held in a professional capacity. E.g. Royal College of Nurses, Chartered Institute of Management Accountants, The Law Society of England and/or Scotland

21. Professional indemnity Insurance [section 3]

The HPC may contact any organisation(s) or persons mentioned in the registration/readmission form and relevant to the processing & investigation of eligibility for registration under the transitional arrangements.

22. Fees

A non-refundable fee of £200 is charged for every application submitted to the HPC. This is a mandatory requirement and a form cannot be processed until this fee is paid in full.

The fee has been set to cover the administrative costs of the HPC and Professional Assessors who must be recompensed for giving their time to HPC in undertaking the evaluation of registration/readmission forms.

A refund may be given where evidence of extenuating circumstances is shown. All instances will be judged on a case by case basis at the discretion of the HPC and are not subject to appeal.

23. Payment Methods [Section 12]

An individual, who applies to be regulated by the HPC via the Grandparenting process, must complete the payment details section of the registration/readmission form and return the document to the Registration Team, Park House, 184 Kennington Park Road, Kennington, London, SE11 4BU

HP C

When paying by Credit/Debit Card please ensure that the card number supplied is that found on the middle of the card. The diagram below shows where information can be found on the card:



24. Test of Competence

An individual, who applies to be regulated by the HPC via the Grandparenting process, may be requested to undertake a Test of Competence. This will be used to satisfy the Council of their ability to practise safely and effectively. In the event of a Test of Competence being required, individuals will be notified in writing by the HPC and requested to present themselves at the allotted time & date. Failure to do so will be recorded and may be taken into consideration as part of the individual's application to become registered.

Grandparenting Application Reference Form

NOTE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the *Health Professions Order 2001* is a criminal offence.

NAME	
The person named above has been known to ("delete as appropriate) me personally"/in my professional capacity" since	DMMYY
and I confirm that, to the best of my knowledge and belief, the applicant has been practising as a	
(insert profession)	
since DDMMYY	
I hereby authorise the Health Professions Council, or a nominated agent of the Council, to undertake any checks that the	
deem necessary to authenticate this reference. I understand that it is a criminal offence under the Health Professions Or	der 2001 to
make this declaration falsely.	

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Signature of referee		Date

PERSONAL DETAILS OF REFEREE

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