

**Adaptation Period:
Request to Approve Provider**

Notes

This form must be used to obtain the prior approval of the HCPC's Education and Training Committee for the proposed provider, location and supervisor of an adaptation period.

That adaption period will have been set out in a letter requiring the applicant to undertake compensation measures as part of their application for admission to the HCPC Register.

This form is in four parts. Parts A and B must be completed by the applicant or proposed provider and Part C by the proposed supervisor. Part D is for use by the Education and Training Committee. Once Parts A to C are complete, the form must be sent to:

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

PART A: THE APPLICANT

Name:	
Address:	
HCPC reference (AA) no.:	AA
Relevant HCPC profession:	

PART B: PROPOSED ADAPTATION PERIOD

Proposed provider and location:	
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Which elements of the adaptation period (as set out in the letter requiring the applicant to undertake compensation measures) it is proposed will be undertaken?

Activity (including duration, etc)

PART C: PROPOSED SUPERVISOR

Name of proposed supervisor:	
Job title:	
Relationship to provider (eg employee, owner):	
HCPC registration no.:	
Work address:	
Telephone no.:	

I confirm that:

- I am the proposed supervisor named above;
- I have read and understood the letter dated _____ requiring the applicant to undertake compensation measures;
- I have agreed to supervise the applicant during the adaptation period set out in Part B;
- I am satisfied that the location and provider identified in that Part are appropriate for that adaptation period and that I have the knowledge and skills to supervise the applicant during that adaptation period

Signature: _____ Date: _____

Additional comments (if any):

PART D: EDUCATION & TRAINING COMMITTEE

This adaptation period is **[NOT] [APPROVED.] [APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:]**

Conditions (if any) and reasons (if not approved or conditions are imposed):

Signed: _____ Date: _____

Authorised signatory