

For help or enquiries: ✉ Registration Department,
Park House, 184-186 Kennington Park Road, London, SE11 4BU
☎ +44 (0)300 500 4472 ✉ international@hcpc-uk.org

Application for registration - Free Trade Agreement

Important: Have you previously applied for registration with the HCPC or the Health Professions Council (HPC)?

Yes No If yes, please give your application number

This application is for registration in the following part of the HCPC Register:

- Part 1 Arts therapist**
- Part 2 Chiropodist / podiatrist**
- Part 3 Clinical scientist**
- Part 4 Dietitian**
- Part 5 Biomedical scientist**
- Part 6 Occupational therapist**
- Part 7 Orthoptist**
- Part 8 Paramedic**
- Part 9 Physiotherapist**
- Part 10 Prosthetist / orthotist**
- Part 11 Radiographer**
- Part 12 Speech and language therapist**
- Part 13 Operating department practitioner**
- Part 14 Practitioner psychologist**
- Part 15 Hearing aid dispenser**

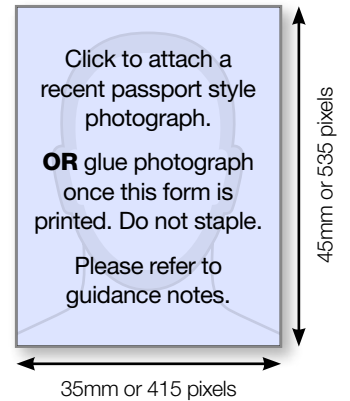
**Please read the International – application for registration guidance document before completing this form.
Please read the standards of proficiency relevant to your profession.**

PLEASE NOTE: the HCPC will only retain an electronic copy of your application. The paper version of an application and any supporting documents are destroyed once it has been processed. Original documents should not be included with your application and the HCPC accepts no responsibility for the destruction of any original documents which are submitted as part of an application.

SECTION 1 – Your details

Please tell us more about you:

Title	Mr	Mrs	Miss	Ms	
	Other (please specify)				<input type="text"/>
First name	<input type="text"/>				
Last name	<input type="text"/>				
Previous name(s)	<input type="text"/>				
Nationality	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Town / city of birth	<input type="text"/>				
Country of birth	<input type="text"/>				
Sex	Male	Female			
National insurance number (NIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Please provide your current address:

House / flat number	<input type="text"/>			
Street name	<input type="text"/>			
Town / city	<input type="text"/>			
County / state	<input type="text"/>	Postcode / zipcode	<input type="text"/>	
Country	<input type="text"/>			
Telephone (including international dialling code)	+	<input type="text"/>	<input type="text"/>	
Mobile (including international dialling code)	+	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>			

Evidence required: Please provide a certified proof of your identity and of your current address.

Email addresses are mandatory as we require this information for you to set up an HCPC account.

By providing my email address I consent to the HCPC sending me electronic communications for the purposes set out in the HCPC subject information statement which can be found at <https://www.hcpc-uk.org/apply/personaldata/>

SECTION 2 – Qualification in relevant profession

Please tell us more about your qualification in the relevant profession:

Name of qualification (in its original language)

Name of qualification (in English)

Qualification start date Date qualification was awarded

Have you provided the course information form? Yes No

Name and address of educational institution

Please provide official contact details for the course administrator.

Name and job title

Email

Please list any additional formal qualifications you hold (do not include short courses, eg day courses):

Name of qualification (in its original language)

Name of qualification (in English)

Qualification start date Date qualification was awarded

Have you provided the course information form? Yes No

Name and address of educational institution

Please provide official contact details for the course administrator.

Name and job title

Email

Name of qualification (in its original language)

Name of qualification (in English)

Qualification start date Date qualification was awarded

Have you provided the course information form? Yes No

Name and address of educational institution

Please provide official contact details for the course administrator.

Name and job title

Email

Evidence required: Please provide certified copies and translations of these qualifications.

Please provide additional details regarding the content and duration of your training. You must provide a completed **Course information form** which you may download from our website. This form must be completed and certified by the awarding institution. The Course information form needs to set out a detailed description of the content of the modules and subjects studied, as well as any practical experience gained during the course.

SECTION 3 – Professional experience

Form no. 1

Tell us more about your professional experience, including internships, below. We will contact chosen employers/supervisors to confirm the information you provide. Please only give details of posts relevant to your profession.

Please note: If you have not practised since qualifying, please give details of any placements undertaken while studying for your qualification.

Name of employer / organisation

Employer's address

Telephone (including international dialling code) +

Email

Contact name (e.g. supervisor / manager)

Start date

End date

present day

Hours per week

Position held (in original language)

Position held (in English)

Were you registered with a regulatory or professional body whilst in this post? Yes

No

If yes please give details:

Name of organisation

Contact email / website

Please provide more details of this post, taking into account the key competencies for the practise of your profession.

- Please describe the work setting(s) and provide a summary of the range of service users you dealt with (and the type of services provided).
- Please tell us about the types of assessment, treatment and evaluation methods used.

We encourage you to provide additional information from your employer / supervisor separately to supplement the details provided in this section.

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Form no. 2

Tell us more about your professional experience, including internships, below. We will contact chosen employers/supervisors to confirm the information you provide. Please only give details of posts relevant to your profession.

Please note: If you have not practised since qualifying, please give details of any placements undertaken while studying for your qualification.

Name of employer / organisation

Employer's address

Telephone (including international dialling code) +

Email

Contact name (e.g. supervisor / manager)

Start date

End date present day

Hours per week

Position held (in original language)

Position held (in English)

Were you registered with a regulatory or professional body whilst in this post? Yes No

If yes please give details:

Name of organisation

Contact email / website

Please provide more details of this post, taking into account the key competencies for the practise of your profession.

- Please describe the work setting(s) and provide a summary of the range of service users you dealt with (and the type of services provided).
- Please tell us about the types of assessment, treatment and evaluation methods used.

We encourage you to provide additional information from your employer / supervisor separately to supplement the details provided in this section.

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SECTION 4 – Professional registration and membership

Please list in chronological order all regulatory or professional bodies with which you have been registered or of which you have been a member:

Name of organisation (in original language)	<input type="text"/>										
Name of organisation (in English)	<input type="text"/>										
Registration number	<input type="text"/>										
Date registered from	<input type="text"/>	<input type="text"/>	<input type="text"/>		to	<input type="text"/>	<input type="text"/>	<input type="text"/>		present day	<input type="text"/>
Email	<input type="text"/>										
Website	<input type="text"/>										
Telephone (including international dialling code)	+	<input type="text"/>	<input type="text"/>								

Name of organisation (in original language)	<input type="text"/>										
Name of organisation (in English)	<input type="text"/>										
Registration number	<input type="text"/>										
Date registered from	<input type="text"/>	<input type="text"/>	<input type="text"/>		to	<input type="text"/>	<input type="text"/>	<input type="text"/>		present day	<input type="text"/>
Email	<input type="text"/>										
Website	<input type="text"/>										
Telephone (including international dialling code)	+	<input type="text"/>	<input type="text"/>								

Name of organisation (in original language)	<input type="text"/>										
Name of organisation (in English)	<input type="text"/>										
Registration number	<input type="text"/>										
Date registered from	<input type="text"/>	<input type="text"/>	<input type="text"/>		to	<input type="text"/>	<input type="text"/>	<input type="text"/>		present day	<input type="text"/>
Email	<input type="text"/>										
Website	<input type="text"/>										
Telephone (including international dialling code)	+	<input type="text"/>	<input type="text"/>								

Name of organisation (in original language)	<input type="text"/>										
Name of organisation (in English)	<input type="text"/>										
Registration number	<input type="text"/>										
Date registered from	<input type="text"/>	<input type="text"/>	<input type="text"/>		to	<input type="text"/>	<input type="text"/>	<input type="text"/>		present day	<input type="text"/>
Email	<input type="text"/>										
Website	<input type="text"/>										
Telephone (including international dialling code)	+	<input type="text"/>	<input type="text"/>								

SECTION 5 – English language proficiency

Please refer to the standards of proficiency. 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.

Yes No

If no, you must provide proof of your English proficiency. Please refer to guidance notes for details of recognised language tests and the minimum acceptable scores.

English Language test taken:

If Other is selected, please provide the name of the test:

Scores for:

Listening	<input type="text"/>
Reading	<input type="text"/>
Writing	<input type="text"/>
Speaking	<input type="text"/>

Applicants whose first language is not English and who are required to provide a language test certificate as evidence of their proficiency must ensure that it is, or is comparable to, IELTS level 7.0 with no element below 6.5 (or IELTS level 8.0 with no element below 7.5 for Speech and language therapists). If you propose to rely upon a non-IELTS test score that is not listed below, it will be your responsibility to provide evidence that it is comparable to the requisite IELTS levels. Failure to do so will delay the processing of your application.

** We cannot accept any TOEFL test score undertaken in the United Kingdom.

SECTION 6 – Paying your scrutiny fee

It is a requirement that you provide an email address so that we can notify you when payment is required.

Payment for this application only – When we start processing your application, you will receive an email with a link to WorldPay payment service.

Please follow the link to make your payment; the link will remain active for 72 hours. If you do not access the link and make payment within this time, you will need to call us to make a debit / credit card payment. This will delay the application process as we cannot process your application without a payment.

Email

Please note: If you require the payment to be made by a third party, you can forward the payment link email to them once received. They will be able to access the link and complete the payment on your behalf.

SECTION 7 – Declarations

Please read, complete and sign the below declarations:

- **I declare** that I have read, understood and will comply with the HCPC's standards of conduct, performance and ethics.
- **I understand** that I must have in place a professional indemnity arrangement which provides appropriate cover and I confirm that I will have this in place when I practise.
- **I confirm** that I have read the Data Protection Policy and Privacy Notice which accompanies this application form and understand that the HCPC may process my personal data as required by the Health Professions Order 2001 (the Order). I consent to the HCPC processing my personal data for the purposes set out in the HCPC data protection policy and privacy notice which are not required by the Order. I understand that I may, by notice in writing to the HCPC, withdraw my consent to the HCPC processing my personal data for any marketing purposes.
- **I agree** to pay the fees for my registration.
- **I consent** to the HCPC contacting any person to obtain further information about my application or to verify the information that I have provided and agree that any person who is so contacted may provide the HCPC with an information about me which that person holds.
- **I confirm** that the information I have provided in this application is correct and understand that fraudulently procuring an entry in the HCPC Register is a criminal offence under article 39 of the Health Professions Order 2001.

Character and health/vetting and barring

Please read the accompanying guidance notes carefully before completing this section. If your answer to any of the questions below is yes, please indicate by placing a cross in the appropriate box and give details on a separate sheet.

Have you been convicted of a criminal offence or received a police caution (other than a protected caution or protected conviction)?

Yes No

Have you been disciplined by a professional or regulatory body or your employer?

Yes No

Have you had civil proceedings brought or any other claim made against you, your employer or any indemnity insurer arising from the practise of your profession?

Yes No

Do you have any physical or mental health condition that would impair your fitness to practise your profession?

Yes No

Are you or have you ever been barred under the Safeguarding Vulnerable Groups Act 2006 or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:

Children

Yes No

Vulnerable adults

Yes No

Signed _____

Date

(Please sign after form is printed)

Name

CHECKLIST

Before sending this form please ensure that:

- you have read and understood the Standards of proficiency relevant to your profession
- you have read and understood the Standards of conduct, performance and ethics
- you have read the guidance notes to this application form
- you have included the scrutiny fee payment email address
- the copy of your ID is certified*
- the copy of proof of your address is certified*
- you have provided certified* proof of any name change (if applicable)
- a passport photo is attached
- you have included a certified* copy of your relevant qualification certificate and an official translation (where applicable)
- you have provided the original and the certified* translation of the Course information form
- you have provided at least one completed form relating to your professional experience with contact details for your supervisor (while studying or since graduating)

If you answered 'yes' to any question in Section 7 (declarations):

- you have provided additional information alongside your information
Please note, applications with this additional information will take longer to be processed. For more information on answering these questions, and next steps in the process, please refer to the health and character section of our website (www.hcpc-uk.org/registration/health-and-character-declarations).

* For information on **how to certify your documents**, please see the relevant section of the guidance notes. All signatures must be dated within the last six months.

NOTE:

- Please do not staple any part of this application.
- Please do not send parts of this application in separate plastic wallets or covers.
- For confirmation of safe receipt it is advisable to send the application by registered mail, so you will be able to track it.