

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

Application for registration – European Mutual Recognition

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**
- Part 16 Social worker**

Please read the European Mutual Recognition – 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.

For HCPC use only:

IMI number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Profession	<input type="text"/>
EMR eligibility confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Modality / Title	<input type="text"/>
Advisor's initials:	<input type="text"/> <input type="text"/>	AA number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Application for registration – European Mutual Recognition

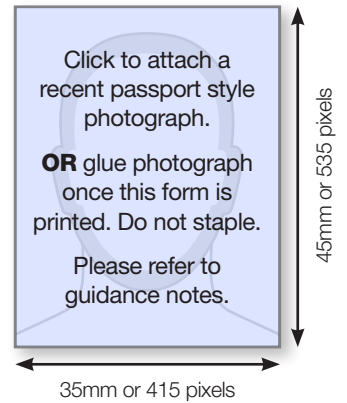
Your details:

Title Mr Mrs Miss Ms
Other (please specify)

First name

Last name

Previous name(s)



Your eligibility

Your nationality

Your EEA nationality:

If you are not a citizen of a Relevant European State but you are an exempt person* please explain the nature of the exemption here:

Evidence required: Please provide a certified copy of proof of your nationality or a certified copy of proof of your acquired rights.

Country of qualification

In which country did you qualify to practise?

If you qualified elsewhere please specify:

Evidence required:

Please provide a certified copy of your proof of qualification and an English translation.

If you qualified outside of one of the Relevant European States, you will also have to provide proof of at least three years professional practice in such a State.

Professional establishment

In which country are you eligible to practise your profession?

Evidence required: Please provide a European Certificate of Current Professional Status from the relevant competent Authority in your State of Establishment or other proof of your eligibility to practise the profession concerned. For information about competent Authorities, please consult the web site:

http://ec.europa.eu/internal_market/qualifications/contact/national_contact_points_en.htm

for the list of National Contact Points.

If your profession is not regulated in your Home State, you must provide evidence that you have practised there for at least one year in the last ten years.

* Please see European Mutual Recognition – application for registration guidance document for more information

SECTION 1 – Your details

Please tell us more about you:

Date of birth

Town / city of birth

Country of birth

Gender

Male

Female

National insurance number (NIN)

Please provide your current address:

House / flat number

Street name

Town / city

County / state

Postcode / zipcode

Country

Telephone (including international dialling code)

+

Mobile (including international dialling code)

+

Email

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

SECTION 2 – Professional qualifications

Please tell us more about the professional qualifications which give you the right to practice your profession:

Name of qualification (in its original language)	<input type="text"/>
Name of qualification (in English)	<input type="text"/>
Course start date	<input type="text"/> <input type="text"/> <input type="text"/>
Date qualification was awarded	<input type="text"/> <input type="text"/> <input type="text"/>
Where you studied (country)	<input type="text"/>
Name and address of awarding institution	<input type="text"/>
Contact details for this institution (email)	<input type="text"/>

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

Name of qualification (in its original language)	<input type="text"/>
Name of qualification (in English)	<input type="text"/>
Qualification start date	<input type="text"/> <input type="text"/> <input type="text"/>
Qualification awarded	<input type="text"/> <input type="text"/> <input type="text"/>
Where you studied (country)	<input type="text"/>
Name of awarding institution	<input type="text"/>

Please provide official contact details for the course administrator.

Name and job title	<input type="text"/>
Email	<input type="text"/>

Name of qualification (in its original language)	<input type="text"/>
Name of qualification (in English)	<input type="text"/>
Qualification start date	<input type="text"/> <input type="text"/> <input type="text"/>
Qualification awarded	<input type="text"/> <input type="text"/> <input type="text"/>
Where you studied (country)	<input type="text"/>
Name of awarding institution	<input type="text"/>

Please provide official contact details for the course administrator.

Name and job title	<input type="text"/>
Email	<input type="text"/>

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

Please provide additional details regarding the content and duration of your training. We recommend that you 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 all 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

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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For HCPC use only: Profession

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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"/>									

SECTION 5 – Language proficiency

This Section is for speech and language therapists only.

Applicants seeking to be registered as speech and language therapists and whose first language is not English must provide evidence of their English proficiency. Applicants must ensure that it is, or is comparable to, IELTS level 8 with no element below 7.5. If you propose to rely upon a non-IELTS test score, you must provide evidence that it is comparable to the requisite IELTS levels. Failure to do so will delay the processing of your application.

We accept the following tests:

Language Centre

Speech and language therapists*

International English Language Testing System (IELTS)

8.0 with no element below 7.5

Test of English as a foreign language (TOEFL) Internet Based Test (IBT)*

Minimum score of 118 / 120

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

Is English your first language? Yes No

If you choose 'No' you must provide evidence of your English proficiency as explained above.

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SECTION 6 – Paying your scrutiny fee

Payment for this application only – Once your application has started being processed, you will receive an email from internationalpayments@hcpc-uk.org with a link to WorldPay payment service.

Please follow the link to make your payment; the link will remain active for 10 days. Expired links can be reissued by emailing international@hcpc-uk.org, however this will delay the application process as we cannot process your application without this payment.

Please confirm the email address that you would like the payment link to be sent to:

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. **This does not apply if you are applying for registration as a social worker.**
- **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 and Social Work 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

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CHECKLIST

Before sending this form please ensure that:

- you have read and understood the Standards of proficiency relevant to your profession
- 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 and signed
- you have included a certified copy of proof of professional qualification and a certified copy of an official translation
- you have provided certified evidence of your right to practice in another Member State
- 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)

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.