

## Application for registration – International

**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**

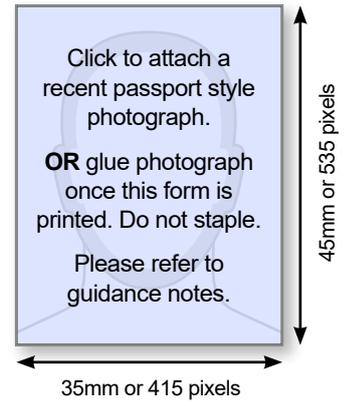
**Please read the International – application for registration guidance document before completing this form.  
Please read the standards of proficiency relevant to your profession.**

**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"/>   |                      |                      |                      |                      |
| Gender                          | 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 certified proof of your identity and current address

**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

Have you provided the qualification certificate? Yes No

Name of the education institution

Address: Street 1

Address: Street 2

Town / City

County / State

Country where the qualification was delivered Postcode

Is this the qualification which upon completion, first enabled you to practice? Yes No

Is the awarding body for the qualification different to the education institution? Yes No

Name and job title of the course administrator

Email address for the course administrator

### Please list any additional formal qualifications you hold (do not include short courses, e.g. 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

Have you provided the qualification certificate? Yes No

Name of the education institution

Address: Street 1

Address: Street 2

Town / City

Continued over page

County / State

Country where the qualification was delivered

Postcode

Is this the qualification which upon completion, first enabled you to practice?

Yes No

Is the awarding body for the qualification different to the education institution?

Yes No

Name and job title of the course administrator

Email address for the course administrator

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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

Have you provided the qualification certificate?

Yes No

Name of the education institution

Address: Street 1

Address: Street 2

Town / City

County / State

Country where the qualification was delivered

Postcode

Is this the qualification which upon completion, first enabled you to practice?

Yes No

Is the awarding body for the qualification different to the education institution?

Yes No

Name and job title of the course administrator

Email address for the course administrator

**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 can download from our website. This form must be completed and certified by the awarding institution. The course information form should be completed with the education provider providing your primary qualification to ensure it contains the level of detail required.

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## 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"/> |  |    |                      |                      |                      |             |                      |

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|---|----------------------|----------------------|----------------------|--|----|----------------------|----------------------|----------------------|-------------|----------------------|
| 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.

The ability to communicate effectively in English is crucial to working as a health professional in the UK.

If your primary qualification was gained in a country on our list of qualifying countries, we take that as evidence that you are able to practise effectively using English.

Did you gain your primary qualification in a country where English is the predominant language?

Yes                  No

If you selected 'No', you must provide a certificate from a recognised English language proficiency test that shows you meet our required scores to evidence your English language proficiency. The certificate must be no more than two years old when we receive your application. Please refer to our website for details of recognised language tests and the minimum acceptable scores.

English language test taken:

Scores for:                  Listening  
                                      Reading  
                                      Writing  
                                      Speaking  
                                      Overall

More details about our English language requirements, including recognised providers and minimum scores, can be found on our website: <https://www.hcpc-uk.org/registration/getting-on-the-register/international-applications/documents/certificate-of-english-language-proficiency/>

## SECTION 6 – Standards of proficiency mapping document

The standards of proficiency mapping document tells us which parts of your application to check for evidence that you can meet the standards of proficiency. It will also help you consider whether you meet each standard of proficiency.

Please download the document template for your profession from our website: <https://www.hcpc-uk.org/registration/getting-on-the-register/international-applications/documents/sops-mapping>

Please also read our guidance on how to fill it in: <https://www.hcpc-uk.org/globalassets/registration/international-applications/sops-mapping-update-2025/sop-mapping-guidance.pdf>

When you have filled in the mapping document, include it with main application form and send both to us in the same way (either printed and sent by post, or as PDFs sent by email).

## 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 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 any 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

Name

## SECTION 8 – 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 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 may forward the payment link to them once you have received it. They will be able to access the link and complete the payment on your behalf. Please note that the scrutiny fee is non-refundable.

## 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)
- you have attached the correct standards of proficiency mapping document for your profession

### 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.