

## Readmission application for registration

(for applicants who have previously been registered with the HCPC)

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27591/04-19

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Please send your completed form to: registration@hcpc-uk.org



Please call us on +44 (0)300 500 4472 if you need any help in completing this form

and / or Vulnerable adults

registration@hcpc-uk.org	you need any help in completing this form.
Section 1 Registrant details	
Name Name	
Profession	
Your registration number	
When did you last use your protected title?	Y
U IVI IVI T T T	'
Section 2 Declarations	
<ul> <li>I declare that I have read, understood and will comply with the HCPC's standards of</li> <li>I understand that I must have in place a professional indemnity arrangement which in place when I practise.</li> <li>I confirm that I have read the subject information statement which accompanies process my personal data as required by the Health Professions Order 2001 (the Order purposes set out in the subject information statement which are not required by the HCPC, withdraw my consent to the HCPC processing my personal data for any market I agree to pay my registration fees once I am notified by HCPC that I can be register</li> <li>I consent to the HCPC contacting any person to obtain further information about my</li> </ul>	provides appropriate cover and I confirm that I will have this is this application form and understand that the HCPC may er). I consent to the HCPC processing my personal data for the ne Order. I understand that I may, by notice in writing to the eting purposes.
and agree that any person who is so contacted may provide the HCPC with any info	
• I confirm that the information I have provided in this application is correct and u Register is a criminal offence under article 39 of the Order.	nderstand that fraudulently procuring an entry in the HCPC
Date D D M M Y Y Y Y S Signed declaration	Signature
Please attach your electronic signature in the signature box. If you are not able to do thi before emailing your application to us. Please do not type your name into this field as w	
Section 3 Paying your fee	
Please do not send a payment with your application.	
You will receive an email, with a link to the HCPC portal requesting that you log in to m account, there will be an additional link in the email which will allow you to do so. You full or make a part payment and set up a direct debit instruction for collection of future	will have the option to pay the remaining registration fee in
If you would like to update the email address we hold on your record please complete the	ne relevant section on the second page of this form.
Section 4 Character and health self declarations / Vetting and Barrin	g Schemes
We must check the health and character of everyone that applies to join our Register. This effectively within their profession. We can also take action against a registrant if their healt safely and effectively. Please read the accompanying guidance notes carefully before com is <b>yes</b> , please indicate by placing a cross in the appropriate box and give details on a second	h and / or character raises concerns about their ability to practise pleting this section. If you answer to any of the questions below
Have you been convicted of a criminal offence or received a police caution (other than	a protected caution or protected conviction)? $\hfill\Box$
Have you been disciplined by a professional or regulatory body or your employer?	

Have you had civil proceedings (other than a divorce / dissolution of marriage or civil partnership) brought against you?

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

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



## Change of contact details

0873Y5

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PLEASE TURN OVER

Registration number

Email address – please write in 0	CAPITAL LETTERS and use a separate	box for each full stop	(.) and the at symbol (@)
Email addresses are mandatory as we address we hold on your record pleas		set up a HCPC portal a	ccount. If you would like to update the email
Ladiess We held on your recert pieds	se enter the new dudless below:		
Updated information - please	e complete the correct details in the b	oxes provided	
Surname / family name			
First name			
Home address:			
House / building number			
Street or road			
Address line 2			
Town / city			
County / state			
Country		Post	code / zip code
Work address:			
Organisation / hospital			
Department / unit			
Address			
Address line 2			
Town / city			
County / state			
Country		Post	code / zip code
Telephone information			
Home		Work	
Home mobile		Work mobile	