hpc health professions council

Council Meeting - 26 March 2009

Review of the Health Professions Council (HPC) admission forms

Executive Summary and Recommendations

Introduction

This paper provides an explanation of changes made to the following documents:

- Registration form (and guidance notes) UK applicants
- Registration form (and guidance notes) international/EEA applicants
- Readmission form (and guidance notes)

Decision

The Council is requested to review and approve changes to the admission forms. The Council is not required to approve the guidance notes however any feedback is most welcome.

Background information

The admission forms were last reviewed in March 2007 following the introduction of the scrutiny fee for UK applicants, the readmission fee and the registration fee increase. The forms have been reviewed again in preparation for the fee increase which takes effect on 2009. We have also taken into consideration feedback provided by applicants, registrants, HPC employees and other stakeholders and have made minor changes to the forms and guidance to make them clearer and more user friendly.

We have taken this opportunity to further improve the admission forms by reviewing and changing the information and required documentation around verifying identity.

Currently, we ask that all applicants provide us with a certified photocopy of their birth/adoption certificate **and** a certified photocopy of their passport, national identity card, DVLA/EEA driving license or EU photo identity card. This was a fairly prescriptive list and providing these specific documents proved difficult for some applicants. Additionally, these documents do not confirm an applicant's address. Verifying the address is important because it affirms that the other information provided is correct.

Date Ver. 2009-02-04 a

Dept/CmteDoc TypeUKRPPR

Title Review of HPC admission forms and guidance **Status** Final DD: None

Int. Aud. Public RD: None The objectives of verifying identity are to relate the prospective registrant to the information they have provided about themselves by taking steps to determine that the identity is genuine and relates to a real person and establishing that the individual owns and is rightfully using that identity. The paper based approach to verifying an applicant's identity should be by examining documents presented by an individual to corroborate their full name, signature, date of birth and full permanent address. The ideal documents are those that are:

- issued by a trustworthy and reliable source;
- difficult to forge;
- dated and current;
- contain the owner's name, photograph and signature; and
- require evidence of identity before being issued.

We therefore propose to ask all applicants to provide two documents:

- a document containing the applicants photograph, such as a passport, UK • driving licence or national identity card; and
- a document providing the individual's current address, such as a utility bill, a bank statement or the most recent council tax bill.

The changes to the identity verification process are being proposed based on the advice given in the 'Good practice guide on pre-employment screening' from the Centre for the Protection of National Infrastructure.

The changes to the admission forms and guidance have been reviewed by HPC's lawyers. The Council is asked to note that some minor changes may be made to the documents following this.

We hope that these changes will enable us to continue to provide an improved service to applicants, registrants and other stakeholders.

Resource implications Nil

Financial implications Nil

Background papers Nil

Appendices Admission forms and guidance notes

Date of paper: 13 March 2009

Ver. Date 2009-02-04 a

Dept/Cmte Doc Type PPR UKR

Doc Type

Status Final DD: None

Int. Aud. Public RD: None

Please read the guidance notes before completing this form	•
UK application for registration (for applicants who hold an approved UK qualification)	
Registration Department	INSERT LOGO
184 Kennington Park Road, London, SE11 4BU	
The call number (if calling from UK) 0845 3004 472 or	
+44(0)20 7840 9802	
①www.hpc-uk.org	
≢ = ⁷ registration@hpc-uk.org	

Before completing your application form you will need to read the guidance notes for UK applicants and the standards of proficiency for your profession. Please complete this form in BLOCK CAPITALS using a black pen. Your title Mr Mrs Miss Ms other (please specify)

Your surname/fa	mily name			
Your profession				

Once you have completed this application form, please make a photocopy of it and all of the supporting documents for your own records. Please send your application by a secure postal method if you want to be certain of delivery.

Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you.

Checklist – please check to ensure you have enclosed the following items with your application	Please cross
① A completed application form	
② A 'Paying your fees' form with appropriate payment by cheque or money / postal order	
A completed, signed and dated HPC character reference form	
© A completed, signed and dated HPC health reference form	
© A certified copy of your qualification certificate(s) (unless you qualified in the last 12 months)	
© Certified copies of two appropriate documents to confirm your identity	
Our Certified evidence of any change of name (if applicable) Our change of name (if	

Please also check that you have not :	
• stapled any part of your application (applications are scanned and staples damage the scanner)	
Placed your application in a folder, binder or plastic/paper wallet	
Included any original documents	
Included any document or item which you need to be returned (completed application forms remain	
the property of HPC)	

Your payment		
I enclose a cheque/money order for the amount of a My account number is	£ 🗆 🗆 . 🗆 🗆]	Attach a recent passport size photograph of yourself here. Please do not staple.
For HPC use only		
	Date of registration	
Amount received £		

	Registered by:	
Pass list checked: YES/NO Checked by		

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Section 1	Registration details							
		the the L						
Have you previously applied for registration with the HPC? Yes L No L								
If yes, please give your application number								
I am applying	g for registration as a:							
	Arts therapist Biomecical Scientist Chiropodist and Podiatrist Clinical scientist Dietitian Occupational therapist Orthoptist		Operating department practitioner Paramedic Physiotherapist Prosthetists/orthotist Radiographer Speech and language therapist					
If you have o	chosen arts therapist please cross	the bo	x(es) relevant to you					
	Art therapist Dramatherapist		Art psychotherapist Music therapist					
If you have o	chosen prosthetist / orthotist please	e cross	the box(es) relevant to you					
	Prosthetist		Orthotist					
lf you have o	chosen radiographer please cross	the box	k(es) relevant to you					
	Therapeutic radiographer		Diagnostic radiographer					
If you have o	chosen clinical scientist please cros	ss the l	box(es) relevant to you					
	Audiology Clinical biochemistry Clinical genetics Clinical immunology Clinical microbiology		Cellular science Embryology Haematology Histocompatibility and immunogenetics Medical physics and clinical engineering					
	Clinical physiology		Other (please state					

Section 2 Contact details

Previous name (if a	
Date of birth (DD/M	
Nationality	
-	number (if applicable)
Country of birth	
Town/city of birth	
Gender	Male Female
Home contact deta	ails
House/flat number	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
	mail address I consent to the HPC sending me electronic marketing
	or the purposes set out in the HPC subject information statement provided attached to this application form.
Email address	
Work contact deta	ils
Department	
Organisation	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
	mail address I consent to the HPC sending me electronic marketing or the purposes set out in the HPC subject information statement provided
	attached to this application form.
Email address	

Section 3 Character and	health self-declarations
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Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge?

	Yes 🗆	No 🗖	If yes, please give details on a separate sheet.
Have	you been disciplined	l by a profess	sional or regulatory body or your employer?
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
	you had civil procee	dings (other t	han a divorce/dissolution of marriage) brought against
you?	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Are y	ou suffering from any	condition the	at would affect your ability to practise?
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Sect	ion 4 Education a	nd training	
Pleas	e complete part A or	r part B	
(A) If	you have complete	d a UK appr	oved course which is not one of those listed in Part B
	of your relevant quali se start date (DD/MN		
	se end date (DD/MN		
Name	e of educational instit	ution	
Stree	t name		
Town	/city		
Coun	ty/state		
Posto	ode/zipcode		
(B) If	you hold a certifica	te of compe	tence, certificate of attainment or IHCD certificate
	of certificate certificate was award		
DD/N	ΙΜ/ΥΥΥΥ		

Section 5 Paying your fees – please read the guidance notes on paying your fees

Your first payment must be made by cheque or money/postal order. We do not accept bank transfers or direct debit payments for this initial fee. The fees we ask you to send with your application are called a scrutiny fee and a registration fee. The scrutiny fee is a one off non-refundable payment of £53. We cannot process your application without a payment.

You must also pay your registration fee when you apply to be registered. The registration fee for the two-year registration cycle is £152 (£76 per year). The registration fee is reduced by 50% if you graduated from a UK approved course within the last two years.

Please choose one of the following four options.

Option 1

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I am applying for registration for the first time and graduated **less than** two years ago. I **wish** to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of **£91**.

Option 2

Option 3

I am applying for registration for the first time and graduated **less than** two years ago. **I do not** wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of £129.

I am applying for registration for the first time and graduated **more than** two years ago. I wish to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of £129.

Option 4

I am applying for registration for the first time and graduated **more than** two years ago. I do not wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of **£205**.

Please complete the direct debit instruction if you have chosen option 1 or option 3

INSERT DIRECT DEBIT INSTRUCTION AND GUARANTEE HERE

Section 6 Practice outside the United Kingdom (UK) form

If you completed your approved qualification more than five years ago, but have practised your profession outside the UK during the last two years, you do not need to undertake a period of updating. If this applies to you, please complete this form and include it with your application.

If you have worked for several different employers, please photocopy or print off as many copies of this form as you need.

Your first name								
Your surname/famil	y name							
Please tell us whe	re you were emplo	yed:						
Department								
Organisation								
Street name								
Town/city								
County/state								
Postcode/zipcode								
Country								
Name of Manager								
Job title:								
Email address:								
Telephone number								
Dates you practised	I outside of the UK:	From						
DD/MM/YYYY		То]			

Please complete one of the sections below:

Whilst practising of	outside the UK, I was registered with the following regulator:
Name of regulator	
Address	
Telephone number	
Website address	
Your registration nu	Imber (or equivalent)

My profession is not regulated in the country where I practised.

Dates you practised outside of the UK:	From	
DD/MM/YYYY	То	

- I declare that I have read, understood and will comply with the HPC's standards of conduct, performance and ethics.
- I have read the data protection information statement set out in the notes which accompany this application form and understand that the HPC may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes set out in statement. I understand that my consent is not required for the HPC to undertake the processing required by the Health Professions Order 2001.
- I consent to the HPC processing my personal data for the purposes set out in the information statement which are not required by the Health Professions Order 2001. I understand that I may withdraw my consent to the HPC processing my personal data for any marketing purposes by writing to the HPC informing it that I am withdrawing that consent.
- **I understand** that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.
- I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).
- **I agree** to pay the fees for my registration using the option chosen by me in section 5.
- I consent to the HPC contacting any person to gather further information on my application or to confirm the information that I have provided. I consent to any person approached by the HPC to assist with the evaluation of my application providing the HPC with any information held by that person in respect of me that the HPC may request.

Signature

Please give this section to the person you ask to complete your character reference form.

Referee's guidance on completing the character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

You have been asked to complete a character reference by the person who has given you this form (the applicant), because they want to be registered with the Health Professions Council (HPC).

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that you must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace;
- Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council.

This is not an exhaustive list and if you have any questions as to whether you are able to provide a character reference please contact us on our lo-call number 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

Once completed please return the character reference directly to the applicant.

Character reference continued

This form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for International applicants.

Please return this form to the applicant once complete.

Applicant details

Name	
Address	
Profession	
Referee deta	ails
Name	
Occupation	
	nember of a professional or regulatory body, please provide its name and your /registration number
Practice or b	
Telephone	
Please state	capacity in which you know the applicant

I confirm that I have known the applicant for \Box years and know of no reason why they should not practise the above profession with honesty and integrity.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

By signing this reference	you confirm that the	information that you h	nave provided is	accurate and that
your personal data may b	be processed for the	purposes specified ab	ove.	

] Signature
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Referee's guidance on completing the health reference

Information for doctors

This section contains guidance about the information we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to be registered with the Health Professions Council (HPC). In the UK, the health reference must be completed by a doctor who is registered with the General Medical Council (GMC). However, if the reference is being provided from outside the UK it can be completed by a doctor who is registered with an equivalent regulator in another country.

You must also have been the applicant's doctor for at least three years or must have access to their medical records for the past three years. If this is not possible you can carry out a medical examination in order to complete the health reference.

You must not be a relative of the applicant.

Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

Your professional opinion should be informed by the fact that any UK employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act 2005.

Fees

If you or your practice charges a fee for the provision of a reference this is a matter between yourself and your patient. The HPC has an obligation under the Health Professions Order 2001 to obtain the reference from the applicant. This obligation does not extend to paying for the reference and any cost must be met by the applicant.

Further questions

If you have any further questions there is a document providing guidance to applicants and doctors about filling in the health reference. It can be found on our website at: www.hpc-uk.org/publications

If you require further information please contact us on 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

Health reference continued

This form is to be completed by your health referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that their health does not impair their fitness to practise. A health reference must be provided on this form by a registered medical practitioner who is not a relative of the applicant. Please read the attached notes before providing the health reference.

Please return this form to the applicant once complete.

Applicant details

Name		
Profession		
Address		
Referee deta	ails	
Name		
Practice add	ress	
Telephone n	umber	
Regulatory b	ody (if applicable	
Registration	number (if applicable	e) 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆

I confirm that I am a registered medical practitioner and that I have obtained the consent of the applicant to disclose the information contained in this reference to the HPC and (please tick one of the following options that applies):

□ I have been the applicant's registered medical practitioner for at least three years and based on my personal knowledge I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above; or

Having been given the applicant's medical records for the last three years, I have examined these records and based on my examination of these records I am satisfied that the applicants's health does not affect their ability to practise the profession referred to above; or

L I have examined the applicant and based on this examination I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYY)

Practice stamp

Guidance for UK applicants (applicants who hold	d an approved UK qualification)	
E Registration Department		
184 Kennington Park Road, London, SE11 4BU		
The call number (if calling from UK) 0845 3004 472 or	Insert logo here	
020 7840 9802		
[∽] ⊕www.hpc-uk.org		
<i>≣</i> = [¶] registration@hpc-uk.org		

These guidance notes are intended to help you complete the application form. They will also help you understand the application process. However, if after reading the guidance notes there is something you do not understand please contact us.

Introduction

- About the Health Professions Council (HPC)
- How we are run
- About registration
- Applying for registration
- Meeting our standards
- Protected titles

About this guidance

- Applying through the UK application process
- Returners to practice
- General information on completing the forms
- Sending us your application
- What happens next?
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- Certified documents
- Verifying your identity
- If you cannot provide photographic documentation
- Translation of documents

Outcomes of an application

- Incomplete applications
- Successful applications
- Rejected applications
- Fraudulent applications
- The appeals process

Section 1

Registration details

• Previous applications

Section 2 Contact details

- Name change
- Home address
- Work address
- Agencies

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Section 3 Self-declarations

- Character
- Health

Section 4

Education and training

- If you hold a qualification obtained from a HPC approved course
- Applying for registration as a biomedical scientist or clinical scientist
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Section 5

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- Registration cycle
- Applying as a new graduate
- Free period
- Applying if you qualified more than two years ago

Section 6 Practice outside the United Kingdom (UK) form

Section 7 Declaration of information

Section 8 Character reference

Section 9 Health reference

Appendix: other helpful information

- Our standards
- Continuing professional development
- How to keep your name on the Register

Data protection information

Useful terms

Introduction

About the HPC

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/orthotists
- Radiographers
- Speech and language therapists

How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

About registration

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Registration shows you meet our standards for your profession. Registration shows the public that health professionals are fit to practise and they are entitled to use the protected title/s for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is 'fit to practise', we mean they have the skills, knowledge, character and health to practise their profession safely and effectively.

Applying for registration

Completing an approved course does not guarantee someone will become registered. It shows us the applicant meets our professional standards and is eligible to apply for registration. We need additional information from them in order to be able to register them.

The information provided by applicants helps us to know that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

Meeting our standards

Everyone on our Register must meet the standards of proficiency we have set. The standards of proficiency are the professional standards which health professionals must meet in order to be registered. If you need a copy in an alternative format, please contact us. Our contact details can be found at the front of this form.

The standards of proficiency are made up of generic standards, which all registered health professionals must be able to meet, and profession-specific standards, which only apply to one profession.

Protected titles

Each of the professions we regulate has at least one protected title. Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Part of Register	Sub-section	Title
Arts therapist	Art therapist	Art psychotherapist
	Dramatherapist	Art therapist
	Music therapist	Dramatherapist
		Music therapist
Biomedical scientist		Biomedical scientist
Chiropodist/podiatrist		Chiropodist
		Podiatrist
Clinical scientist		Clinical scientist
Dietitian		Dietitian
		Dietician
Occupational therapist		Occupational therapist
Operating department		Operating department
practitioner		practitioner
Orthoptist		Orthoptist
Paramedic		Paramedic
Physiotherapist		Physical therapist
		Physiotherapist
Prosthetist/orthotist	Prosthetist	Prosthetist
	Orthotist	Orthotist
Radiographer	Diagnostic radiographer	Radiographer
	Therapeutic radiographer	Diagnostic radiographer
		Therapeutic radiographer
Speech and language therapist		Speech and language therapist
		Speech therapist

About this guidance

Applying through the UK application process

The UK application form is for those who have a certificate of competence, certificate of attainment or IHCD certificate or who have qualified with a different, approved qualification.

Returners to practice

If you qualified more than five years ago and have been out of practice for more than two years you will need to undertake a period of updating your skills and knowledge before you can become reregistered. As well as the main application form, you must also complete the relevant return to practise forms which can be found on our website at: www.hpc-uk.org/apply

General information on completing the forms

To make sure we can process your form, please complete it in black ink and block capitals. Please mark boxes with a cross. If you run out of space please continue on a separate piece of paper. You must answer all the questions as fully as possible. If you qualified over two years ago and have not practised your profession, you also need to complete the return to practice requirements and submit the relevant forms to tell us about your updating period.

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate, by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

Sending us your application

Please send your application when you are ready to start practising your profession and/or using the protected title(s). Your application should be sent to the Registration Department at the contact address on the front of this form. If you are newly qualified, you should not send your application until you have received confirmation of your qualification. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned. If you cannot be registered your fee will be refunded and you will be notified in writing.

It is advisable to take a photocopy of your application for your records. It is also advisable to send your form to us by a secure method of delivery.

What happens next?

The average processing time for applications is between seven and ten working days. This time may vary depending on the volume of applications received. Once we have processed your application our on line Register is immediately updated. It is the best way for you to check you are registered and for your employer to verify your registration status. The Register can be viewed at: www.hpcheck.org To view our privacy statement, please refer to the website: www.hpc-uk.org/privacy

Contact us

If you cannot find the answer to your query in these guidance notes please contact us. Please see page one for our contact details.

Certified documents

In the section below, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document/s must write on it 'I certify that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace or other judicial official;
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- Teacher;
- Stockbroker:
- Investment manager;
- Member of Parliament;
- Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

Verifying your identity

We ask all applicants to provide us with a legible certified photocopy of:

- a document containing your photograph; and
- a document proving your current address.

Documents you may consider sending us include:

- current signed full passport;
- national identification card and/or other valid documentation relating to immigration status and permission to work in the UK;
- current UK photo card driving licence;
- current full UK driving licence (old version)
- current benefit book or card or original notification letter from the Department for Work and Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification;
- full birth certificate;
- adoption certificate;
- marriage/civil partnership certificate;
- divorce order, dissolution order or annulment papers;
- confirmation from an Electoral Register*;
- recent utility bill*;
- local authority tax bill (valid for the current year);
- bank, building society or credit union statement or passbook containing current address*;
- recent mortgate statement from a recognised lender*;
- current local council rent card or tenancy agreement.

* If these documents are submitted, the date should be within the last six months.

If you cannot provide photographic documentation

If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person, indicating the period of time that you have been known to them. They should also provide us with their contact details. Please refer to the section 8 (character reference) for a list of acceptable people.

Translation of documents

If the documents you submit with your application are not in English, you must provide us with a translation. We recommend you approach your consulate for advice on finding an official translator. If this is not possible, we will accept the documents you have translated, providing you have them authenticated by a lawyer, solicitor, commissioner for oaths or justice of the peace.

Please note:

- All completed application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your correspondence details are kept up to date.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible. Please do not make any arrangements or incur any expenses which depend upon the approval of your application with us. We will not accept liability for any loss or expenses incurred as a result of the above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

Outcomes of an application

Incomplete applications

If your application is incomplete we will return it to you and ask you to resubmit it. Please do not send individual documents separate from your application as these will be returned to you. We will use the information you provide for a number of purposes. This can include contacting organisations and individuals named in your application, including professional bodies, universities, places of work and referees.

Successful applications

If your application is successful, we will

- put your name on the online Register;
- send you a letter on the day we register you; and
- send you a registration certificate and authentication card.

With your name on our Register you will be able to practise using the relevant title(s) of your profession.

The publicly available Register shows:

- Name
- Registration number
- Profession of registrant
- Duration of current registration
- Approximate geographical area in which the registrant practises (eg Guildford). It does not show your full address.

Rejected applications

Your application may be rejected if we believe you do not meet our standards of proficiency or our health and character requirements. Please note your application can only be assessed based on the information you provide with your form. If your application is rejected you can appeal against the decision. You may also reapply, submitting a new form, supporting documents and registration fee.

Your right of appeal against the decision to reject your application arises if you believe that:

- the decision to reject your application is wrong; and
- you meet the standards of proficiency; and
- you meet the standards of conduct, performance and ethics.

You will need to establish the grounds for your appeal (ie why you believe that the decision taken is wrong) and follow the appeals procedure.

The appeals process

If your application is rejected you have 28 days following the date of the letter rejecting your application to write to us to appeal against the decision. We will then provide you with further information on the appeals process.

Fraudulent applications

If you falsify information about your identity or any other aspect of your application, the HPC will suspend your application pending an investigation. If such information becomes known to us after you have been registered, an investigation will be launched and your registration may be suspended or terminated. It is a criminal offence to fraudulently obtain registration with the HPC. You may be committing a criminal offence if you supply false information and you may be prosecuted.

Section 1 Registration details

Previous applications

If you have previously applied for registration with us or with our predecessor, the Council for Professions Supplementary to Medicine (CPSM) please tell us:

- your application number;
- when you applied (an approximate date if you cannot remember exactly);
- the type of application you made eg UK, international, grandparenting; and
- any further information eg you withdrew your application.

Section 2 Contact details

It is essential that your personal contact details are kept up to date. This is a requirement of the Health Professions Order 2001. For security reasons we are unable to accept changes of personal details by email.

Name change

All name changes must be made in writing. Please also send us a certified photocopy of the relevant document (eg marriage certificate).

Home address

We ask you to give us your main home address. This address is not published on the publicly available register, but is required by us for all HPC correspondence. You can change your address over the telephone or by writing to us.

Work address

The work address you give us should be for your main place of work. Members of the public will be able to see on our Register the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

If you change either your home or work address during the application process or at any point thereafter, you must notify us.

Agencies

All correspondence from the HPC will be sent to the applicant only. This means you must provide a home address and not the address of an agency. Please be aware if you provide an agency address your application will be returned to you.

Section 3 Self-declarations

Character

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important that you declare to us any convictions, police cautions or convictions for which you have received a conditional discharge. Failure to do so may result in an investigation which could lead to you being removed from the Register.

Health

You are also asked to provide us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If you declare a health and/or character issue this could be considered by a panel to determine whether you are eligible for registration.

Section 4 Education and training

Applying as a biomedical scientist, clinical scientist or paramedic

If you do not hold an approved qualification from an integrated programme, you need to provide the following certificates:

- Clinical scientists certified photocopy of your ACS Certificate of Attainment
- Biomedical scientists certified photocopy of your IBMS Certificate of Competence
- Paramedic certified photocopy of your IHCD certificate

Applying if you have completed a UK approved course which is not one of the above

Please tell us the title of your relevant qualification, the start and end dates of your course and the name of the educational institution you attended. You do not need to send us a copy of your qualification certificate unless you qualified more than two years ago.

If you qualified more than five years ago and you have not been practising you will be subject to additional requirements. For more information, please see details on our website at www.hpc-uk.org/apply/uk/historical/

Section 5 Declaration of information

HPC can only process your application if you have signed this declaration. The declaration must be signed within six months of the date you send us your form. You should make sure that you fully understand the declaration before signing it. It is illegal to fraudulently procure an entry onto the HPC Register. If you do this, you will be subject to prosecution.

Section 6 Practice outside the United Kingdom (UK) form

If you have not been registered for two years or more, but you have practised your profession outside the UK in the last two years, you will not need to undertake a period of updating. If this applies to you, please complete the form at section 6.

Section 7 Paying your fees

You must pay a scrutiny fee and a registration fee at the point of application.

Scrutiny fee

The fee we ask you to send with your application is called a scrutiny fee. This is a one off nonrefundable payment of £53. We cannot process your application without this payment. You must also pay your registration fee at the point you apply for registration. The registration fee for the two-year registration cycle is $\pounds 152$ ($\pounds 76$ per year). The registration fee is reduced by 50% if you graduated from a UK approved course within the last two years.

Registration cycle

Your registration cycle is biennial (two-yearly) and is made up of two 'professional years'. The table towards the end of this section details the professional years for each profession we regulate.

Before you send us your application you need to decide whether you wish to pay the full registration fee or wish to spread the cost by paying by direct debit.

Applying as a new graduate

If you graduated from a UK approved course within the last two years you are entitled to a 50% discount for the first two-year registration cycle. Your initial registration payment for the first two professional years is £76 (£38 per year).

If you do not wish to set up a direct debit you will need to pay in full by cheque or money order. You need to send us a payment of **£126** with your application form. Payments must be made in UK Sterling and drawn on a bank based in the United Kingdom (UK). Your payment should be crossed and made payable to 'Health Professions Council'. Please write your full name on the reverse side of your payment and ensure that it is not post-dated.

If you wish to spread the cost of registration please fill in the direct debit instruction. You will need to pay up-front for your first year of registration by sending us a cheque/money order for **£91**. The remainder of your fee will be deducted from your bank account in two separate £19 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

Free period

If you are registered for less than six months before the start of the next professional year, you will receive this period free of charge. You still need to send a payment with your application but this will be used in payment for the first full professional year. If you apply at any other time, you will be charged at the reduced rate for this period in addition to the following two full professional years.

Applying if you qualified more than two years ago

The full registration fee is payable if you apply to be registered at any point in the professional year, even if only for a few days. If you do not need registration immediately in order to work, you may wish to check when your new professional year starts and apply for registration at the start of a new professional year. The table below shows the professional years for each profession we regulate.

Arts therapists 1 June – 31 May **Biomedical scientists** 1 December – 30 November Chiropodists and odiatrists 1 August – 31 July **Clinical scientists** 1 October – 30 September Dietitians 1 July – 30 June 1 November – 31 October Occupational therapists Operating department practitioners 1 December – 30 November Orthoptists 1 September – 31 August Paramedics 1 September – 31 August **Physiotherapists** 1 May – 30 April Prosthetists/orthotists 1 October – 30 September Radiographers 1 March – 28 February Speech and language therapists 1 October – 30 September

If you do not wish to set up a direct debit you will need to pay in full by cheque or money order. You need to send us a payment of **£205** with your application form. Payments must be made in UK Sterling and drawn on a bank based in the United Kingdom (UK). Your payment should be crossed and made payable to 'Health Professions Council'. Please write your full name on the reverse side of your payment and ensure that it is not post-dated.

If you wish to spread the cost of registration please fill in the direct debit instruction. You will need to pay up-front for your first year of registration by sending us a cheque/money order for **£129**. The remainder of your fee will be deducted from your bank account in two separate £38 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

Please note:

For security reasons, HPC does not accept cash payments. If you try to make a payment in cash at the HPC you will be directed to the nearest post office where you can obtain a postal order.

Section 8 Character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that your referee must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace or other judicial official;
- Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution;
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council; or
- Registered health professional

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

Important points:

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health reference and send it in to us with the rest of your application.

Section 9 Health reference

All applicants must provide a health reference

Only a doctor registered with the General Medical Council (GMC), or the appropriate regulatory body if outside the UK can complete a health reference. The referee must sign and date the form on the understanding that it is illegal for them to provide a false reference. The referee must either have been your registered medical practitioner for at least three years or have examined your medical records for this period and cannot be related to you. A referee who cannot provide a reference on either basis may do so after physically examining you.

Important points:

- The health reference must be completed on a HPC health reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your health reference form. Any costs incurred will have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and provide their practice address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We do not need a consent letter from you for a registered medical practitioner to release information. When you give your referee the health reference form you are giving your consent for them to complete this document.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your health reference

When your doctor has completed your health reference, it should be returned to you. Keep this with your character reference and send it in to us with the rest of your application.

If your doctor has provided us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If your doctor will not sign your reference

Your doctor may not be able to sign your reference. If so, you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

If your medical records are not available then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

We have published a detailed document called 'Information about the health reference'. This has been written for people who have more questions about the health reference, and it contains information for applicants and for doctors. You may find this document useful if you have a health condition, if you are disabled or if your doctor has asked you questions about the health reference. The document is available on our website at: www.hpc-uk.org/publications

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Doc Type DCB

Title UK Form Status Draft DD: None

Appendix: other helpful information

Our standards

Please read the following two documents before submitting your application:

- Standards of conduct, performance and ethics •
- Standards of proficiency

Copies of these documents can be found on our website at www.hpc-uk.org or by contacting us directly. Please see page one for our contact details.

Continuing professional development

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

How to keep your name on the Register

Once you have been registered, you will need to renew your registration every two years. To make sure your name stays on the Register, we must receive:

- your registration fee; •
- your signed professional declaration; and •
- if you are randomly selected, your CPD audit information. •

We will send you a registration renewal form around three months before your registration expires.

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Data protection information

Subject Information Statement

The Health Professions Council (HPC) processes your personal data (as defined by the Data Protection Act 1998 (the 1998 Act)) for the following purposes:

- administering your application to register with the HPC and any subsequent renewals; •
- maintaining and publishing the health professions Register; •
- undertaking regulatory activities for the purposes of the Health Professions Order 2001 (as amended);
- ensuring that you comply with our standards, including but not limited to, ensuring compliance • with continuing professional development and educational requirements;
- investigating complaints made about you; •
- investigating complaints made by you; •
- publishing the results of any complaints made about you or by you; •
- transferring your personal data to any other authorised body investigating your activities; •
- transferring your name, profession, registration number, registration dates and approximate location of your practice to any member of the public requesting the information and making it available through the publication of the health professions Register;
- transferring your personal data to professional advisers and other third parties involved with • the regulation of health professionals;
- statutory and regulatory compliance; •
- monitoring equality and diversity information; •
- reviewing your medical records and history, including but not limited to any medical reference • supplied, to ensure that your health does not impair your fitness to practice;
- maintaining photographic images of you to ensure your identity; •
- informing you about the activities of HPC; •
- marketing the activities of the HPC; .
- transferring your personal data to any business directory so as to ensure only authorised people advertise their services in such directories;
- keeping you informed about any changes to practice or legislation that may affect your • practice;
- responding to requests for information from other health regulators both within the European • Economic Area and worldwide;
- keeping you informed about any developments, activities or products of third parties which ٠ may affect or assist your practice; and
- achieving the general and statutory objectives of the HPC. •

We collect personal information from you when you communicate with us by any media. We may also collect personal data which relate to you from third parties.

We may contact you by means of electronic communication, including but not limited to email or SMS for the purposes set out above. We will only undertake activities considered to be electronic marketing if permitted to do so by the Privacy and Electronic Communications (EC Directive) Regulations 2003.

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Sensitive personal data

Certain personal information is categorised by the 1998 Act as "Sensitive Personal Data" as defined by the 1998 Act.

In some circumstances, the HPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health Professions Order 2001 and therefore we do not need to obtain your consent to undertake this processing. In general, the sensitive personal data collected by HPC is limited to information in connection with:

- your racial or ethnic origin;
- your physical or mental health or condition;
- your membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992;
- the commission or alleged commission by you of any offence;
- any proceeding taken against you for any offence committed or alleged to have been committed by you; and
- your sexual life.

Anonymisation

HPC is required to provide statistical information to a number of different bodies; it also undertakes its own research. In such circumstances it only provides anonymised data.

Permitted processing

HPC ensures that it is permitted to process your personal data. If no statutory condition applies to the form of processing we undertake, we can only undertake such processing with your consent. You may withdraw your consent to our processing your personal data for some of the above purposes by writing to the address at the end of this statement.

If a statutory condition applies allowing the HPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HPC ceases to process your personal data as the HPC keeps personal data on registrants for their lifetime.

Sharing Your Information

In some circumstances the HPC may be permitted by law to share sensitive personal data about you with a third party. Otherwise the HPC does not share sensitive personal data with others without your consent. Your personal data may be shared as set out in the above purposes. If you do not wish us to share your personal data with any third party for marketing purposes, please write to us at the address at the end of this statement.

European Economic Area (EEA)

Please note that information displayed on our Website or sent to the HPC over the Internet may be transferred outside of the EEA, where data protection laws are not as strong as within the EEA. The information displayed on the website is provided as it is necessary for the public interest. In relation to any information you send via the internet or email, if you have any concerns in relation to such transfers, you should not use the internet or email as a means of communication with the HPC.

Monitoring of telephone calls and emails

Your telephone calls and emails to us may be recorded and monitored for quality control purposes. We may also intercept communications made to individual members of staff at the HPC when this is required for business purposes.

Doc Type

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Title UK Form **Status** Draft DD: None

Int. Aud. Public RD: None

Notification

HPC has notified the Information Commissioner that it processes personal data. The notification number is Z6621691.

Contact us

If you have any queries relating to this statement, please contact us by letter at the following address:

Health Professions Council Park House 184 Kennington Park Road London SE11 4BU

Status Draft DD: None

Useful terms

Agencies – may be any third party but would usually be a commercial business that makes money (by commission) on placing applicants in employment for a fee charged to the employer. If you choose to use an agency you should make sure they are reputable. Responsibility for your application remains with you and you must provide an address where you can be sure to receive correspondence from us.

Applicant – the person making the application for entry to the Register.

Continuing professional development (CPD) – any activity which serves to maintain or improve upon professional knowledge and practice. Once registered you are required to record what CPD you undertake (see HPC publication 'Continuing professional development and your registration').

Data controller – a person who either jointly, alone or in common with other people determines the purposes for which and the manner in which any personal data are, or are to be, processed.

Data processor – any person other than an employee of the data controller, who processes the personal data on behalf of the data controller.

Data protection policy – this is the HPC's statement of how we apply and comply with the rules contained within the Data Protection Act 1998.

Data subject – an individual on whom personal data are processed.

Declaration – this is the declaration you sign as part of the application form. You are signing to confirm each of the four elements of the declaration. This declaration is legally binding and you should only sign it if you are sure the information you are providing is correct.

Home address – the address of your main or only residence. This should be an address where you can be sure to receive correspondence from HPC as we may need to contact you regarding your application.

HPC – Health Professions Council

Health Professions Order 2001 – the legislation that governs the registration process and confers the responsibilities and authority to the HPC to apply and administer the registration process.

Personal data - means:

- any data from which the identity of a living individual can be determined, either by itself or with other data processed by data controller; and
- any information such as name and address, email address, telephone number and general contact details, personal data includes images on film, photographs and telephone voice recordings.

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Processing – means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data including:

- organisation, adaption or alteration of the information or data;
- retrieval, consultation or use of the information or data; •
- disclosure of the information or data by transmission, dissemination or otherwise making • available; or
- alignment, combination, blocking, erasure or destruction of the information or data.

Relative – has been broadly defined by the Health Professions Council (Registration and Fees) Rules 2003 (as amended) to include in relation to any person:

- (a) his spouse or civil partner;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse or civil partner; or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b),

and for the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

Sensitive personal data – means personal data consisting of information as to:

- the racial or ethnic origin of the data subject; •
- political opinion; •
- religious beliefs or other beliefs of a similar nature; ٠
- whether a member of a trade union (within the meaning of the Trade Union and Labour • Relations (Consolidation) Act 1992);
- physical or mental health or condition; •
- sexual life: •
- the commission or alleged commission of any offence; or .
- any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings.

Work address – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eq chiropodist) then this may be the address where your practice is based. Only the area will be available to view on the public Register so your privacy and security remains protected.

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Doc Type Title UK Form Status Draft DD: None Int. Aud. Public RD: None

Please read the guidance notes before completing this for	m.
International application for registration (for applicants who hold an approved UK qualification)	
E Registration Department	INSERT LOGO
184 Kennington Park Road, London, SE11 4BU	
The call number (if calling from UK) 0845 3004 472 or	
+44(0)20 7840 9802	
้ปีwww.hpc-uk.org	
≢= [®] registration@hpc-uk.org	

Before completing your application form you will need to read the guidance notes for international applicants and the standards of proficiency for your profession. Please complete this form in BLOCK CAPITALS using a black pen.

Your title Mr Mrs Miss Ms other (please specify)
Your surname/family name
Your profession

Once you have completed this application form, please make a photocopy of it and all of the supporting documents for your own records. Please send your application by a secure postal method if you want to be certain of delivery.

Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you.

Checklist – please check to ensure you have enclosed the following items with your application	Please cross
① A completed application form	
② A 'Paying your scrutiny fee' form with scrutiny fee of £420	
④ A photocopy of an eligible language test certificate or declaration that English is your first language	
or proof of exemption by virtue of being an EEA citizen	
S A completed, signed and dated HPC health reference form	
© A completed, signed and dated HPC character reference form	
© Certified copies of two appropriate documents to confirm your identity	
Sertified evidence of any change of name (if applicable)	
[®] A certificate of professional status (the original, not a photocopy) from the regulator in the country	
where you last practised (if applicable)	

Please also check that you have not :	
• stapled any part of your application (applications are scanned and staples damage the scanner)	
Placed your application in a folder, binder or plastic/paper wallet	
Included any original documents	
Included any document or item which you need to be returned (completed application forms remain	
the property of HPC)	

Your scrutiny fee	
	Attach a
I enclose a cheque/money order for the amount of £420	recent
My account number is	passport size
My sort code is	photograph of
	yourself here.
I wish to pay by credit/debit card and enclose a 'paying your scrutiny fee' form with my	Please do not
account details	staple.
For HPC use only	

Date stamp	Date of registration	
Amount received £		
Application number		
Application checked by	Registered by:	

© Health Professions Council, 2003 - 2009

Section 1	Registration details					
		h tha h				
Have you previously applied for registration with the HPC? Yes						
lf yes, please	e give your application number					
I am applying	g for registration as a:					
	Arts therapist Biomecical Scientist Chiropodist and Podiatrist Clinical scientist Dietitian Occupational therapist Orthoptist		Operating department practitioner Paramedic Physiotherapist Prosthetists/orthotist Radiographer Speech and language therapist			
If you have o	chosen arts therapist please cross	the bo	x(es) relevant to you			
	Art therapist Dramatherapist		Art psychotherapist Music therapist			
If you have o	chosen prosthetist / orthotist please	e cross	the box(es) relevant to you			
	Prosthetist		Orthotist			
lf you have o	chosen radiographer please cross	the box	k(es) relevant to you			
	Therapeutic radiographer		Diagnostic radiographer			
If you have o	chosen clinical scientist please cros	ss the l	box(es) relevant to you			
	Audiology Clinical biochemistry Clinical genetics Clinical immunology Clinical microbiology		Cellular science Embryology Haematology Histocompatibility and immunogenetics Medical physics and clinical engineering			
	Clinical physiology		Other (please state			

Section 2 Contact details

Previous name (if a	
Date of birth (DD/MI	
Nationality	
National Insurance	number (if applicable)
Country of birth	
Town/city of birth	
Gender	Male Female
Home contact deta	ils
House/flat number	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
	mail address I consent to the HPC sending me electronic marketing
	or the purposes set out in the HPC subject information statement provided attached to this application form.
Email address	
Work contact deta	ils
Department	
Organisation	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	

By providing my email address I consent to the HPC sending me electronic marketing communications for the purposes set out in the HPC subject information statement provided to me in the notes attached to this application form.

Email address		
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Section 3 Regulatory body membership

Is the profession that you are applying for regulated in your home country?

Are you registered with the regulatory body in your home country? If yes, please state:

Yes	ΠNο	
Yes	ΠNο	

The name of the re	gulator	ry body
Your registration / I	icense	number
Name of country		
Dates of practice:	from	
	to	

Section 4 Professional bodies

Please give us details of any relevant professional bodies of which you are or have been a member.

Name of	Address	Membership	Date	Date	Length of
professional		number	joined	membership	membership (MMYY)
body				expired (if	(MMYY)
				applicable)	
	•••••				
	•••••				

Section 5 Character	and health	self-declarations
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Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge?

	Yes 🗆	No 🛛	If yes, please give details on a separate sheet.
Have	you been disciplined	by a professi	ional or regulatory body or your employer?
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Have you?	you had civil proceed	dings (other th	nan a divorce/dissolution of marriage) brought against
)	Yes 🗆	No 🗖	If yes, please give details on a separate sheet.
Are yo	ou suffering from any	condition the	at would affect your ability to practise?
	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Secti	on 6 Education ar	nd training	
profes Title c Cours Cours Name Street Town/ Count	ession for which you a of your relevant qualif se start date (DD/MM se end date (DD/MM of educational institu t name	re seeking reg ication /YYYY) /YYYY) ution ution ution	nal education and training (ie your qualification for the gistration)
lf you details	-	r professiona	Il qualification relevant to your registration please provide
	of your relevant qualif se start date (DD/MM]//
Cours	e end date (DD/MM	/YYYY) 🗆 🛛	
Name	of educational institu	ution	
Street	name		
Town	/city		
Count	ty/state		

Please continue on a separate sheet if necessary.

Postcode/zipcode

Section 7 Language proficiency

Please refer to point seven of the standards of conduct performance and ethics. 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.





If no, you must provide proof of your English proficiency **unless you are exempt because you are a citizen of a country in the European Economic Area (EEA)**. Please refer to guidance notes for details of recognised language tests and the minimum acceptable scores. Please state **either**:

1)	which language test you have included and state your score
or	
2)	the country within the EEA of which you are a citizen (this must be confirmed by a photocopy of the relevant page of your passport) or other evidence of citizenship.

.....

Countries in the EEA:

Austria	Finland
Belgium	France
Bulgaria	Germany
Cyprus	Greece
Czech Republic	Hungary
Denmark	Iceland
Ireland	Italy
Estonia	Latvia

Liechtenstein Lithuania Luxembourg Malta The Netherlands Norway Poland Portugal Romania Slovakia Slovania Spain Sweden Switzerland United Kingdom

Section 8 Career history

Please provide a summary of your career history relevant to the profession within which you are applying for registration. Please list most recent first.

Employer's name			חחח			וחחו		
Your job title								
Address								
Address								
Address								
Town/city								
County/state								
Postcode/zipcode								
Country								
Contact name (eg s	supervisor)]
Job title of contact]
Work telephone nur	mber]
Employment start d	late (DD/MM/Y	YYY)						
Employment end da								
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	please tell us	about you	r main du					
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Career history (continued)

Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode Country	
Contact name (eg s Job title of contact Work telephone nur	
	ate (DD/MM/YYYY)
In the space below,	please tell us about your main duties and responsibilities.

Career history (continued)

Employer's name Your job title Address Address Address Town/city County/state Postcode/zipcode		
Country		
Contact name (eg s Job title of contact Work telephone nur		
Employment start d	ate (DD/MM/YYYY)	
Employment end da employment)	ate (DD/MM/YYYY)	;
In the space below.	please tell us about your main duties and responsibilities.	
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Section 9 Clinical reference

Referee's guidance on completing the clinical reference form

You have been asked to complete a clinical reference by the person who has given you this form because they want to be registered with the Health Professions Council (HPC).

You can complete this reference only if you are or have been the applicants line manager or supervisor or responsible for them in a professional way. You must not be a relative of the applicant.

Please provide as much detail as possible and use extra blank sheets of paper if you need to.

Once completed please return the clinical reference to the applicant to submit with their application.

Clinical reference form 1

The clinical reference may be used by the HPC to verify whether the applicant is a safe and effective professional. A clinical reference is to be provided on this form by a person who has been a line manager or otherwise responsible for the applicant in a professional way.

The HPC may make further inquiries of the applicant or the referee in order to verify or clarify any part of this reference.

This section is to be completed by the applicant.

Your title	□Mr □Mrs □Miss □Ms □other (please specify) □□□□□□□□
Your first name	
Your surname/fami	ly name
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	

Date of birth (DD/MM/YYYY)

Please use the space below to tell us any additional information. Please use extra sheets if necessary.

••••	 •••	•••	•••	•••	•••	•••	•••	•••	•••	•••	• • •	•••	•••	•••	•••	••	•••	•••	•••	•••	• • •	••	•••	•••	••	•••	•••	•••	•••	•••	••	• • •	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
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••••	 •••	•••		•••	•••		•••				•••	•••		••		••	•••		••	•••	• • •	•••	•••		•••	•••		•••		•••	•••		•••		•••			•••	•••	• • •		•••	•••		•••		

The rest of this form should be completed in full by the referee.

Your title	Mr Mrs Miss Ms Other (please specify)
Your first name	
Your surname/family	y name 000000000000000000000000000000000000
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
Email address	

Please use the following section to tell us about the applicant.

Qualifications

In what capacity is the applicant known to you (eg employee, student, volunteer)? Job title/position of the applicant How long have you known the applicant? Dates applicant was employed/volunteered Start date (DD/MM/YYYY) DD/DD/DDD End date (DD/MM/YYYY) DD/DD/DDD		
Job title/position of the applicant How long have you known the applicant? Dates applicant was employed/volunteered Start date (DD/MM/YYYY)		
Job title/position of the applicant How long have you known the applicant? Dates applicant was employed/volunteered Start date (DD/MM/YYYY)		
Job title/position of the applicant How long have you known the applicant? Dates applicant was employed/volunteered Start date (DD/MM/YYYY)		
Job title/position of the applicant How long have you known the applicant? Dates applicant was employed/volunteered Start date (DD/MM/YYYY)		
How long have you known the applicant?	In what capacity is the applicant known to you	(eg employee, student, volunteer)?
How long have you known the applicant?		
How long have you known the applicant?		
How long have you known the applicant?		
Dates applicant was employed/volunteered Start date (DD/MM/YYYY)	Job title/position of the applicant	
Dates applicant was employed/volunteered Start date (DD/MM/YYYY)		
Dates applicant was employed/volunteered Start date (DD/MM/YYYY)		
Dates applicant was employed/volunteered Start date (DD/MM/YYYY)		
	How long have you known the applicant?	□□ years □□ months
	Dates applicant was employed/volunteered	Start date (DD/MM/YYYY)

Full-time hours per week

Part-time hours per week

Please describe the work setting(s) and give an indication of the range of patients, clients or users and the type of conditions treated.

.....

Please tell us about the types of assessment, treatment and evaluation methods that the applicant used during their time under your supervision.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYYY)

Clinical reference form 2

The clinical reference may be used by the HPC to verify whether the applicant is a safe and effective professional. A clinical reference is to be provided on this form by a person who has been a line manager or otherwise responsible for the applicant in a professional way.

The HPC may make further inquiries of the applicant or the referee in order to verify or clarify any part of this reference.

This section is to be completed by the applicant.

Your title	□Mr □Mrs □Miss □Ms □other (please specify) □□□□□□□□
Your first name	
Your surname/fami	ly name 000000000000000000000000000000000000
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	

Date of birth (DD/MM/YYY)

Please use the space below to tell us any additional information. Please use extra sheets if necessary.

The rest of this form should be completed in full by the referee.

Your title	Mr Mrs Miss Ms Other (please specify)
Your first name	
Your surname/family	y name 000000000000000000000000000000000000
Previous name/s	
Job title/position	
Work address	
Street name	
Town/city	
County/state	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
Email address	

Please use the following section to tell us about the applicant.

Qualifications

In what capacity is the applicant known to you (eg employee, student, volunteer)?								
Job title/position of the applicant								
How long have you known the applicant?	□□ years □□ months							
Dates applicant was employed/volunteered	Start date (DD/MM/YYYY)							

Full-time hours per week

Part-time hours per week

Please describe the work setting(s) and give an indication of the range of patients, clients or users and the type of conditions treated.

.....

Please tell us about the types of assessment, treatment and evaluation methods that the applicant used during their time under your supervision.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYYY)

Insert the most up-to-date info here

Section 11 Declaration of information

- I declare that I have read, understood and will comply with the HPC's standards of conduct, performance and ethics.
- I have read the data protection information statement set out in the notes which accompany this application form and understand that the HPC may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes set out in statement. I understand that my consent is not required for the HPC to undertake the processing required by the Health Professions Order 2001.
- I consent to the HPC processing my personal data for the purposes set out in the information statement which are not required by the Health Professions Order 2001. I understand that I may withdraw my consent to the HPC processing my personal data for any marketing purposes by writing to the HPC informing it that I am withdrawing that consent.
- **I understand** that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.
- I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).
- I agree to pay the fees for my registration using the option chosen by me in section 11.
- I consent to the HPC contacting any person to gather further information on my application or to confirm the information that I have provided. I consent to any person approached by the HPC to assist with the evaluation of my application providing the HPC with any information held by that person in respect of me that the HPC may request.

Date (DDMMYYYY)

Please give this section to the person you ask to complete your character reference form.

Referee's guidance on completing the character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

You have been asked to complete a character reference by the person who has given you this form (the applicant), because they want to be registered with the Health Professions Council (HPC).

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that you must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace;
- Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council.

This is not an exhaustive list and if you have any questions as to whether you are able to provide a character reference please contact us on our lo-call number 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

Once completed please return the character reference directly to the applicant.

Character reference continued

This form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for International applicants.

Please return this form to the applicant once complete.

Applicant details

Name	
Address	
Profession	
Referee det	tails
Name	
Occupation	
	member of a professional or regulatory body, please provide its name and your p/registration number
Practice or b	
Telephone	
Please state	e capacity in which you know the applicant

I confirm that I have known the applicant for \Box years and know of no reason why they should not practise the above profession with honesty and integrity.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy, including but not limited to checking that you are a member of a professional body. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYYY)	
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Referee's guidance on completing the health reference

Information for doctors

This section contains guidance about the information we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to be registered with the Health Professions Council (HPC). In the UK, the health reference must be completed by a doctor who is registered with the General Medical Council (GMC). However, if the reference is being provided from outside the UK it can be completed by a doctor who is registered with an equivalent regulator in another country.

You must also have been the applicant's doctor for at least three years or must have access to their medical records for the past three years. If this is not possible you can carry out a medical examination in order to complete the health reference.

You must not be a relative of the applicant.

Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

Your professional opinion should be informed by the fact that any UK employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act 2005.

Fees

If you or your practice charges a fee for the provision of a reference this is a matter between yourself and your patient. The HPC has an obligation under the Health Professions Order 2001 to obtain the reference from the applicant. This obligation does not extend to paying for the reference and any cost must be met by the applicant.

Further questions

If you have any further questions there is a document providing guidance to applicants and doctors about filling in the health reference. It can be found on our website at: www.hpc-uk.org/publications

If you require further information please contact us on 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

Health reference continued

This form is to be completed by your health referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that their health does not impair their fitness to practise. A health reference must be provided on this form by a registered medical practitioner who is not a relative of the applicant. Please read the attached notes before providing the health reference.

Please return this form to the applicant once complete.

Applicant details

Name					
Profession					
Address					
Referee deta	ails				
Name					
Practice add	ress				
Telephone n	umber				
Regulatory b	ody (if applicable				
Registration	number (if applicable				

I confirm that I am a registered medical practitioner and that I have obtained the consent of the applicant to disclose the information contained in this reference to the HPC and (please tick one of the following options that applies):

□ I have been the applicant's registered medical practitioner for at least three years and based on my personal knowledge I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above; or

Having been given the applicant's medical records for the last three years, I have examined these records and based on my examination of these records I am satisfied that the applicants's health does not affect their ability to practise the profession referred to above; or

L I have examined the applicant and based on this examination I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy, including but not limited to checking that you are a member of a professional body. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYY)

Practice stamp

Guidance for international applicants (applicants who hold a qualification or have experience gained outside the UK) Registration Department 184 Kennington Park Road, London, SE11 4BU Co-call number (if calling from UK) 0845 3004 720 or 020 7840 9804 Www.hpc-uk.org

f=[®]registration@hpc-uk.org

These guidance notes are intended to help you complete the application form. They will also help you understand the application process. However, if after reading the guidance notes there is something you do not understand please contact us.

Introduction

- About the Health Professions Council (HPC)
- How we are run
- About registration
- Applying for registration
- Meeting our standards
- Protected titles

About this guidance

- Applying through the international registration process
- General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Certified documents
- Verifying your identity
- If you cannot provide photographic documentation
- Translation of documents

Outcomes of an application

- Incomplete applications
- Successful applications
- Rejected applications
- Fraudulent applications
- The appeals process
- EEA/EU applicants

Section 1

Registration details

• Previous applications

Section 2 Contact details

- Name change
- Home address
- Work address
- Agencies

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Section 3 Regulatory bodies

Section 4 Professional bodies

Section 5 Self-declarations

- Character
- Health

Section 6 Education and training

Course information

Section 7 Language proficiency

Section 8 Career history

Section 9 Clinical reference(s)

Section 10 Paying your fee

- Scrutiny fee
- Registration cycle
- Methods of payment

Section 11 Declaration of information

Section 12 Character reference

Section 13 Health reference

Appendix: other helpful information

- Our standards
- Continuing professional development
- Refugee applications
- How to keep your name on the Register

Data protection information

Useful terms

Introduction

About the HPC

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/orthotists
- Radiographers
- Speech and language therapists

How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

About registration

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Registration shows you meet our standards for your profession. Registration shows the public that health professionals are fit to practise and they are entitled to use the protected title(s) for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is 'fit to practise', we mean they have the skills, knowledge, character and health to do their job safely and effectively.

Applying for registration

The information provided by applicants helps us to know that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

Meeting our standards

Everyone on our Register must meet the standards of proficiency we have set. The standards of proficiency are the professional standards which health professionals must meet in order to be registered. If you need a copy in an alternative format, please contact us. Our contact details can be found at the front of this form.

The standards of proficiency are made up of generic standards, which all registered health professionals must be able to meet, and profession-specific standards, which only apply to one profession.

Protected titles

Each of the professions we regulate has at least one protected title. Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Part of Register	Sub-section	Title
Arts therapist	Art therapist	Art psychotherapist
	Dramatherapist	Art therapist
	Music therapist	Dramatherapist
		Music therapist
Biomedical scientist		Biomedical scientist
Chiropodist/podiatrist		Chiropodist
		Podiatrist
Clinical scientist		Clinical scientist
Dietitian		Dietitian
		Dietician
Occupational therapist		Occupational therapist
Operating department		Operating department
practitioner		practitioner
Orthoptist		Orthoptist
Paramedic		Paramedic
Physiotherapist		Physical therapist
		Physiotherapist
Prosthetist/orthotist	Prosthetist	Prosthetist
	Orthotist	Orthotist
Radiographer	Diagnostic radiographer	Radiographer
	Therapeutic radiographer	Diagnostic radiographer
		Therapeutic radiographer
Speech and language therapist		Speech and language therapist
		Speech therapist

About this guidance

Applying through the international application process

The international application form is for those who have gained a qualification outside of the United Kingdom (UK) and/or do not hold an approved UK qualification but have gained some or all of their professional experience outside the UK.

General information on completing the forms

To make sure we can process your form, please complete it in black ink and block capitals. Please mark boxes with a cross. If you run out of space please continue on a separate piece of paper. You must answer all the questions as fully as possible. If you qualified over two years ago and have not practised your profession, you also need to complete the return to practice requirements and submit the relevant forms to tell us about your updating period.

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

Sending us your application

Please send your application when you are ready to start practising your profession and/or using the protected title(s). Your application should be sent to the International Registration Department at the contact address on the front of this form. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned.

Important points

- Please ensure the address you provide is accurate and that you can be sure to receive correspondence from us.
- We cannot guarantee the outcome of an application and at peak times the application process can take time so you are advised not to make arrangements that are reliant on you being registered (eg starting a job).
- Applicants that choose to make travel or work arrangements before knowing the outcome of their application do so at their own risk.
- It is preferable to apply directly to HPC. However, if you apply with the assistance of an agency make sure they are reputable and be aware that you remain responsible for the information you supply on your application form.

What happens next?

The average processing time for applications may vary depending on the volume of applications received. However, HPC will endeavour to:

- acknowledge receipt of an application within one month of the date of receipt; and
- assess your application and advise you of the initial decision within a further three months from the date of acknowledgment.

Once we have processed your application, if you are successful you will be asked to pay the registration fee. Upon payment of the registration fee our online Register is immediately updated. It is the best way for you to check you are registered and for your employer to verify your registration status. The Register can be viewed at: www.hpcheck.org To view our privacy statement, please refer to the website: www.hpc-uk.org/privacy

Contact us

If you cannot find the answer to your query in these guidance notes please contact us. Please see page one for our contact details.

Certified documents

In the section below, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document/s must write on it 'I certify that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace or other judicial official;
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- Teacher;
- Stockbroker:
- Investment manager;
- Member of Parliament;
- Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

Verifying your identity

We ask all applicants to provide us with a legible certified photocopy of:

- a document containing your photograph; and
- a document proving your current address.

Documents you may consider sending us include:

- current signed full passport;
- national identification card and/or other valid documentation relating to immigration status and permission to work in the UK;
- current UK photo card driving licence;
- current full UK driving licence (old version)
- current benefit book or card or original notification letter from the Department for Work and Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification;
- full birth certificate;
- adoption certificate;
- marriage or civil partnership certificate;
- divorce order, dissolution order or annulment papers;
- confirmation from an Electoral Register*;
- recent utility bill*;
- local authority tax bill (valid for the current year);
- bank, building society or credit union statement or passbook containing current address*;
- recent mortgate statement from a recognised lender*;
- current local council rent card or tenancy agreement.

* If these documents are submitted, the date should be within the last six months.

If you cannot provide photographic documentation

If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person, indicating the period of time that you have

been known to them. They should also provide us with their contact details. Please refer to the section 12 (character reference) for a list of acceptable people.

Translation of documents

If you submit documents that are not in English, you must provide us with a translation. We recommend you approach your consulate for advice on finding an official translator. If this is not possible, we will accept the documents you have translated, providing you have them authenticated by a lawyer, solicitor, commissioner for oaths or justice of the peace.

Please note:

- All completed application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your correspondence details are kept up to date.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible. Please do not make any arrangements or incur any expenses which depend upon the approval of your application with us. We will not accept liability for any loss or expenses incurred as a result of the above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

Outcomes of an application

Incomplete applications

If your application is incomplete we will return it and ask you to resubmit it. Please do not send individual documents separate from your application as these will be returned to you. We will use the information you provide for a number of purposes. This can include contacting organisations and individuals named in your application, including professional bodies, universities, places of work and referees.

Successful applications

If your application is successful, we will:

- put your name on the online Register;
- send you a letter on the day we register you; and
- send you a registration certificate and authentication card

With your name on our Register you will be able to practise using the relevant title(s) of your profession.

The publicly available Register shows:

- Name
- Registration number
- Profession of registrant
- Duration of current registration
- Approximate geographical area in which the registrant practises (eg Guildford). It does not show your full address.

Rejected applications

Your application may be rejected if we believe you do not meet our standards of proficiency or our health and character requirements. Please note your application can only be assessed based on the information you provide with your form. If your application is rejected you can appeal against the decision. You may also reapply, submitting a new form, supporting documents and registration fee.

Your right of appeal against the assessor's decision to reject your application arises if you believe that:

- the decision to reject your application is wrong; and
- you meet the standards of proficiency; and
- you meet the standards of conduct, performance and ethics.

You will need to establish the grounds for your appeal (ie why you believe that the decision taken is wrong) and follow the appeals procedure.

The appeals process

If your application is rejected you have 28 days following the date of the letter rejecting your application to write to us to appeal against the decision. We will then provide you with further information on the appeals process.

Fraudulent applications

If you falsify information about your identity or any other aspect of your application, the HPC will suspend your application pending an investigation. If such information becomes known to us after you have been registered, an investigation will be launched and your registration may be suspended or terminated. It is a criminal offence to fraudulently obtain registration with the HPC. You may be committing a criminal offence if you supply false information and you may be prosecuted.

EEA/EU Applicants

Applicants who have a right to practise, and have citizenship of another country within the European Economic Area have rights of mutual recognition under EU law. To assert your mutual recognition right you must demonstrate your citizenship (by providing a certified copy of your passport, or other relevant documentation) and your right to practise in another EEA country (by providing a Certificate of Current Professional Status or evidence of practice within another Member State).

Section 1 Registration details

Previous applications

• If you have previously applied for registration with us or our predecessor the Council for Professions Supplementary to Medicine (CPSM), please tell us your application number.

Section 2 Contact details

It is essential that your personal contact details are kept up to date. This is a requirement of the Health Professions Order 2001. For security reasons we are unable to accept changes of personal details by email.

Name change

All name changes must be made in writing. Please also send us a certified photocopy of the relevant document (eg marriage certificate).

Home address

We ask you to give us your main home address. This address is not published on the publicly available register, but is required by us for all HPC correspondence. You can change your address over the telephone or by writing to us.

Work address

The work address you give us should be for your main place of work. Members of the public will be able to see on our Register the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

If you change either your home or work address during the application process or at any point thereafter, you must notify us.

Agencies

All correspondence from HPC will be sent to the applicant only. This means you must provide a home address and not the address of an agency. Please be aware if you provide an agency address your application will be returned to you.

Section 3 Regulatory bodies

If your profession is regulated in your home country or the country in which you practise you should enter the details of your registration here. The distinction should be made between a regulatory body and a professional body; there is a section later where you can enter details of membership of any professional body. This section should be used to inform us of any **registration** you may have with a regulatory body. If your profession is not currently regulated in your home country it will not affect your application. The assessors will base their assessment on whether or not you demonstrate that you meet the UK standards of proficiency. Similarly, if you are registered with a regulatory body in your home country their standards may be different from ours as there are variations in practices from country to country. Therefore, registration with another regulatory body does not guarantee that you will be accepted for registration with HPC. You must still demonstrate that you meet the UK standards of proficiency.

Section 4 Professional bodies

If you are a member of any professional body please enter the details in section four of the application form.

Section 5 Self-declarations

Character

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important that you declare to us any convictions, police cautions or convictions for which you have received a conditional discharge. Failure to do so may result in an investigation which could lead to you being removed from the Register.

Health

You are also asked to provide us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If you declare a health and/or character issue this could be considered by a panel to determine whether you are eligible for registration.

Section 6 Education and training

You should enter details of your professional qualification here. Your professional qualification may be a diploma, certificate, degree or another qualification relevant to the profession in which you wish to register. You can also include any supplementary training or qualification you may have done in relation to your chosen profession (eg training courses, seminars). However, we do not usually need details of your general education (eg high school or secondary school) unless it is directly relevant to your practice as a health professional.

If you have gained further qualifications in your chosen professional field you can enter the details in the space provided and continue on a separate sheet if necessary.

Course information

You must include a course information form with your application. Failure to do so will result in your application being returned to you. The course information form provides us with academic and clinical details of the courses you have. The course information form is not in your application pack, but is available on the HPC website as a word file. The form must be downloaded and sent to your training institution or university as an email attachment. Alternatively direct them to the HPC website: www.hpc-uk.org/apply/app_download_international

The training institution or university can type the information into the field boxes - which can be expanded according to the text that is entered.

The information provided should include the scope of the course content and the method by which the assessment was made. They are advised to use the profession specific standards of proficiency as a guide. This information may be taken from a syllabus, but must only include those parts of the course you have studied. In addition, we ask that you specify the percentage of practical assessment that contributed to the overall course. You must provide a breakdown of the number of theory and clinical hours by module. This information is likely to be several pages long.

If sufficient detail is provided, the training institution or university may wish to retain the form as a template for future use when applicants with the same course background apply in the future.

Please ensure that the form is stamped with the training institution or university's official seal before they send it back to you.

Section 7 Language proficiency

Each registrant must be confident that they can communicate effectively in English in order to comply with the standards of conduct performance and ethics.

You must declare whether English is your first language or not. You should only indicate 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. If English is not your first language then you must provide proof of your English language proficiency, which must be one of the acceptable tests below - unless you are exempt because you are a citizen of a country within the EEA.

LANGUAGE CENTRE	SPEECH AND LANGUAGE THERAPISTS*	ALL OTHER PROFESSIONS
CAMBRIDGE ESOL	Certificate of proficiency in English (CPE)	Certificate in advanced English (CAE)
CAMBRIDGE INTERNATIONAL EXAMINATIONS		International General Certificate of Secondary Education (IGCSE) 0500 (1st language) Grade C
CAMBRIDGE INTERNATIONAL EXAMINATIONS		International General Certificate of Secondary Education (IGCSE) 0510 (2st language) Grade C
INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS)	8.0 with no element below 7.5	7.0 with no element below 6.5
HONG KONG EXAMINATIONS AND ASSESSMENT AUTHORITY (HKEAA)		Hong Kong Certificate of Education Examinations (HKCEE) Syllabus B Grade A
TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) - PAPER TEST	670	600
TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) - ELECTRONIC TEST	290	250
TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) Internet Based Test (IBT)	118	100
TEST OF ENGLISH FOR INTERNATIONAL COMMUNICATION (TOEIC)	990	810

Exemption from language proficiency test

If you are a citizen of a country within the European Economic Area (EEA) then you are exempt from providing proof of English language proficiency. However, when registering you are declaring that you will adhere to the general standards of conduct performance and ethics as well as the standards of proficiency specific to your profession. These standards state: 'You must maintain proper and effective communications with patients, clients, users, carers and other professionals'. To meet this requirement you should satisfy yourself that your English is of a sufficient standard. The HPC will not test your language proficiency if you are a citizen of an EEA country.

Citizenship of an EEA country

To exempt yourself from providing an English language test you must demonstrate citizenship of a country within the EEA. Citizenship may be by virtue of nationality (eg by birth) or by marriage to another EEA citizen and you must provide the appropriate evidence of your citizen status. This will usually be a certified copy of your passport (which is required anyway) or a certified copy of your national identity card (provided with a certified translation if not already in English).

EEA

The EEA is made up of the 27 European Union (EU) nations and four others. It comprises: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Éire (Republic of Ireland), Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, Iceland, Liechtenstein, Norway and Switzerland.

Dual nationality

If you hold dual nationality status and one or more of those nationalities is of an EEA country then you are also exempt from providing proof of your English language proficiency.

Section 8 Career history

If you have experience in addition to your training and qualifications, please enter details of your career history in reverse order, with your most recent position first. Provide as much detail as you can to illustrate to the assessors that you meet the standards of proficiency for your profession. Explain any significant gaps in your career history.

Section 9 Clinical reference(s)

We ask you to provide us with up to two clinical reference forms to support your application. If you are unable to provide us with a clinical reference we will still assess your application, however it may have a bearing on the success of your application overall.

The clinical reference should be given by someone who has been your supervisor/line manager or otherwise responsible for you in a professional capacity. We cannot consider a reference provided by someone who is related to you by birth, marriage or a relationship similar to marriage.

We will consider all forms of reference, whether a simple statement about your time in practice or a more detailed statement about the nature of your practice. You must use the clinical reference form(s) and additional sheets as necessary.

We ask you to complete the first section of the clinical reference form before you send the form to your referee.

Important points:

- The clinical reference must be completed on a HPC clinical reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you in a sealed envelope and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your clinical reference

When your referee has completed your clinical reference, it should be returned to you. Keep this with your character and health reference and send to us with the rest of your application.

Section 10 Declaration of information

HPC can only process your application if you have signed this declaration. You should make sure that you fully understand the declaration before signing it. It is illegal to fraudulently procure an entry onto the HPC Register. If you do this, you will be subject to prosecution.

Section 11 Paying your fee

Scrutiny fee

The fee we ask you to send with your application is called a scrutiny fee. This is a one off nonrefundable payment of £420. We cannot process your application without this payment.

Registration cycle

Your registration cycle is biennial (two-yearly) and is made up of two 'professional years'. We will advise you of the registration fee when your application has been processed and approved. The table below shows the professional years for each profession we regulate.

- Arts therapists Biomedical scientists Chiropodists/podiatrists Clinical scientists Dietitians Occupational therapists Operating department practitioners Orthoptists Paramedics Physiotherapists Prosthetists/orthotists Radiographers Speech and language therapists
- 1 June 31 May
- 1 December 30 November
- 1 August 31 July
- 1 October 30 September
- 1 July 30 June
- 1 November 31 October
- 1 December 30 November
- 1 September 31 August
- 1 September 31 August
- 1 May 30 April
- 1 October 30 September
- 1 March 28 February
- 1 October 30 September

Methods of payment

You can choose to pay your scrutiny fee by cheque, money order, bankers draft or by credit/debit card. Payments must be made in UK sterling and drawn on a bank based in the UK. Your payment should be crossed and made payable to Health Professions Council. Please write your full name on the reverse side of your payment and ensure that it is not post-dated. You should allow at least five working days for your payment to reach us (ten if sending from outside the UK).

Section 12 Character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that your referee must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace;
- Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council; or
- Registered health professional

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

Important points

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health and clinical reference and send it in to us with the rest of your application.

Section 13 Health reference

All applicants must provide a health reference

Only a doctor registered with the appropriate regulatory body can complete a health reference. The referee must sign and date the form on the understanding that it is illegal for them to provide a false reference. The referee must either have been your registered medical practitioner for at least three years or have examined your medical records for this period and cannot be related to you. A referee who cannot provide a reference on either basis may do so after physically examining you.

Important points:

- The health reference must be completed on a HPC health reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your health reference form. Any costs incurred will have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and provide their practice address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We do not need a consent letter from you for a registered medical practitioner to release information. When you give your referee the health reference form you are giving your consent for them to complete this document.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your health reference

When your doctor has completed your health reference, it should be returned to you. Keep this with your character and clinical references and send it in to us with the rest of your application.

If your doctor has provided us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If your doctor will not sign your reference

Your doctor may not be able to sign your reference. If so, you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

If your medical records are not available then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

We have published a detailed document called 'Information about the health reference'. This has been written for people who have more questions about the health reference, and it contains information for applicants and for doctors. You may find this document useful if you have a health condition, if you are disabled or if your doctor has asked you questions about the health reference. The document is available on our website at: www.hpc-uk.org/publications

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Title UK Form Status Draft DD: None

Appendix: other helpful information

Our standards

Please read the following two documents before submitting your application:

- Standards of conduct, performance and ethics
- Standards of proficiency

Copies of these documents can be found on our website at www.hpc-uk.org or by contacting us directly. Please see page one for our contact details.

Continuing professional development

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

How to keep your name on the Register

Once you have been registered, you will need to renew your registration every two years. To make sure your name stays on the Register, we must receive:

- your registration fee;
- your signed professional declaration; and •
- if you are randomly selected, your CPD audit information.

We will send you a registration renewal form around three months before your registration expires.

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Refugee applications

You do not have to pay the application scrutiny fee if you fall into one of the following categories:

- You have refugee status
- You have exceptional leave to remain (granted before April 2003)
- You have humanitarian leave to remain (granted on or after 1st April 2003)
- You have discretionary leave to remain (granted on or after 1st April 2003)

You will need to send us a Home Office letter with your application which confirms that you have refugee status or leave to remain as detailed above.

You need to try and provide as much information as possible with your application. If you are unable to provide all the information you need to (maybe because the documentation has been destroyed or because you are unable to obtain it), you must to include a letter which explains this.

Please call the International Registration Department between 8am – 6pm (UK time) Monday to Friday on: +44 (0)20 7840 9804 or (within the UK) on our lo-call number 0845 3004 720.

For refugee allied health professionals seeking advice and information on how to find jobs, gain experience and other useful assistance, the following Department of Health (DoH) sponsored website is a useful resource: www.rose.nhs.uk

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Data protection information

Subject Information Statement

The Health Professions Council (HPC) processes your personal data (as defined by the Data Protection Act 1998 (the 1998 Act)) for the following purposes:

- administering your application to register with the HPC and any subsequent renewals; •
- maintaining and publishing the health professions Register; •
- undertaking regulatory activities for the purposes of the Health Professions Order 2001 (as • amended);
- ensuring that you comply with our standards, including but not limited to, ensuring compliance • with continuing professional development and educational requirements;
- investigating complaints made about you; •
- investigating complaints made by you; •
- publishing the results of any complaints made about you or by you; .
- transferring your personal data to any other authorised body investigating your activities; •
- transferring your name, profession, registration number, registration dates and approximate location of your practice to any member of the public requesting the information and making it available through the publication of the health professions Register;
- transferring your personal data to professional advisors and other third parties involved with • the regulation of health professionals;
- statutory and regulatory compliance;
- monitoring equality and diversity information;
- reviewing your medical records and history, including but not limited to any medical reference . supplied, to ensure that your health does not impair your fitness to practice;
- maintaining photographic images of you to ensure your identity; •
- informing you about the activities of HPC; •
- marketing the activities of the HPC; •
- transferring your personal data to any business directory so as to ensure only authorised . people advertise their services in such directories;
- keeping you informed about any changes to practice or legislation that may affect your . practice;
- responding to requests for information from other health professions regulators both within the . European Economic Area and worldwide:
- keeping you informed about any developments, activities or products of third parties which may affect or assist your practice; and
- achieving the general and statutory objectives of the HPC.

We collect personal information from you when you communicate with us by any media. We may also collect personal data which relate to you from third parties.

We may contact you by means of electronic communication, including but not limited to email or SMS for the purposes set out above. We will only undertake activities considered to be electronic marketing if permitted to do so by the Privacy and Electronic Communications (EC Directive) Regulations 2003.

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Sensitive personal data

Certain personal information is categorised by the 1998 Act as "Sensitive Personal Data" as defined by the 1998 Act.

In some circumstances, the HPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health Professions Order 2001 and therefore we do not need to obtain your consent to undertake this processing. In general, the sensitive personal data collected by HPC is limited to information in connection with:

- your racial or ethnic origin;
- your physical or mental health or condition;
- whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992);
- the commission or alleged commission by you of any offence;
- any proceeding taken against you for any offence committed or alleged to have been committed by you; and
- your sexual life.

Anonymisation

HPC is required to provide statistical information to a number of different bodies; it also undertakes its own research. In such circumstances it only provides anonymised data.

Permitted processing

HPC ensures that it is permitted to process your personal data. If no statutory condition applies to the form of processing we undertake, we can only undertake such processing with your consent. You may withdraw your consent to our processing your personal data for some of the above purposes by writing to the address at the end of this statement.

If a statutory condition applies allowing the HPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HPC ceases to process your personal data as the HPC keeps personal data on registrants for their lifetime.

Sharing Your Information

In some circumstances the HPC may be required by law to share sensitive personal data about you to a third party. Otherwise the HPC does not share sensitive personal data outside of the HPC Group without your consent. Your personal data may be shared as set out in the above purposes. If you do not wish us to share your personal data with any third party for marketing purposes, please write to us at the address at the end of this statement.

European Economic Area (EEA)

Please note that information displayed on our Website or sent to the HPC over the Internet may be transferred outside of the EEA, where data protection laws are not as strong as within the EEA. The information displayed on the website is provided as it is necessary for the public interest. In relation to any information you send via the internet or email, if you have any concerns in relation to such transfers, you should not use the internet or email as a means of communication with the HPC.

Monitoring of telephone calls and emails

Your telephone calls and emails to us may be recorded and monitored for quality control purposes. We may also intercept communications made to individual members of staff at the HPC when this is required for business purposes.

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Title UK Form **Status** Draft DD: None

Int. Aud. Public RD: None

Notification

HPC has notified the Information Commissioner that it processes personal data. The notification number is Z6621691.

Contact us

If you have any queries relating to this statement, please contact us by letter at the following address:

Health Professions Council Park House 184 Kennington Park Road London **SE11 4BU**

Date 2006-04-12

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Doc Type DCB Title UK Form Status Draft DD: None 20

Useful terms

Agencies – may be any third party but would usually be a commercial business that makes money (by commission) on placing applicants in employment for a fee charged to the employer. If you choose to use an agency you should make sure they are reputable. Responsibility for your application remains with you and you must provide an address where you can be sure to receive correspondence from us.

Applicant – the person making the application for entry to the Register.

Continuing professional development (CPD) – any activity which serves to maintain or improve upon professional knowledge and practice. Once registered you are required to record what CPD you undertake (see HPC publication 'Continuing professional development and your registration').

Data controller – a person who either jointly, alone or in common with other people determines the purposes for which and the manner in which any personal data are, or are to be, processed.

Data processor – any person other than an employee of the data controller, who processes the personal data on behalf of the data controller.

Data protection policy – this is the HPC's statement of how we apply and comply with the rules contained within the Data Protection Act 1998.

Data subject – an individual on whom personal data are processed.

Declaration – this is the declaration you sign as part of the application form. You are signing to confirm each of the four elements of the declaration. This declaration is legally binding and you should only sign it if you are sure the information you are providing is correct.

Home address – the address of your main or only residence. This should be an address where you can be sure to receive correspondence from HPC as we may need to contact you regarding your application.

HPC – Health Professions Council

Health Professions Order 2001 – the legislation that governs the registration process and confers the responsibilities and authority to the HPC to apply and administer the registration process.

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Title Doc Type UK Form

Personal data - means:

- any data from which the identity of a living individual can be determined, either by itself or with other data processed by data controller; and
- any information such as name and address, email address, telephone number and general contact details, personal data includes images on film, photographs and telephone voice recordings.

Processing – means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data including:

- organisation, adaption or alteration of the information or data;
- retrieval, consultation or use of the information or data; •
- disclosure of the information or data by transmission, dissemination or otherwise making • available: or
- alignment, combination, blocking, erasure or destruction of the information or data.

Relative – has been broadly defined by the Health Professions Council (Registration and Fees) Rules 2003 (as amended) to include in relation to any person:

- (a) his spouse or civil partner;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse or civil partner; or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b),

and for the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

For the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

Sensitive personal data – means personal data consisting of information as to:

- the racial or ethnic origin of the data subject; •
- political opinion; •
- religious beliefs or other beliefs of a similar nature; •
- whether a member of a trade union (within the meaning of the Trade Union and Labour . Relations (Consolidation) Act 1992);
- physical or mental health or condition; •
- sexual life; •
- the commission or alleged commission of any offence; or •
- any proceedings for any offence committed or alleged to have been committed, the disposal of • such proceedings or the sentence of any court in such proceedings.

Work address – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eg chiropodist) then this may be the address where your practice is based. Only the area will be available to view on the public Register so your privacy and security remains protected.

f

Please read the guidance notes before completing this form.									
Readmission	application	for	registration	(for	applicants	who	have	previously	been
registered)									
184 Kennington	Park Road, Lond	lon, Sl	E11 4BU						
To-call number (if calling from UK) 0845	5 3004 472 or						
020 7840 9802 Insert logo here									
dwww.hpc-uk.org									
≣ registration@hpc-uk.org									
Before completing your application form you will need to read the guidance notes for readmission applicants and the Standards of proficiency. Please complete this form in BLOCK CAPITALS using a black pen.									

Your title Mr Mrs Miss Ms other (please specify)
Your surname/family name
Your profession

Once you have completed this application form, please make a photocopy of it and all of the supporting documents for your own records. Please send your application by registered or recorded delivery if you want to be certain of delivery.

Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you.

Checklist – please check to ensure you have enclosed the following items with your application	Please cross
① A completed application form	
② A 'Paying your fees' form with appropriate payment	
③ A completed, signed and dated HPC character reference form	
④ A completed, signed and dated HPC health reference form	
© Legible certified copies of two appropriate documents to confirm your identity	
⑦ Certified evidence of any change of name (if applicable)	
® Relevant return to practice forms (if applicable)	

Please also check that you have not :		
• stapled any part of your application (applications are scanned and staples damage the scanner)		
Placed your application in a folder, binder or plastic/paper wallet		
Included any original documents (except the certificate of competence and the certificate of		
attainment)		
Included any document or item which you need to be returned (completed application forms remain		
the property of HPC)		

Your payment				
I enclose a cheque/i My account number My sort code is	Attach a recent passport size photograph of yourself here. Please do not staple.			
For HPC use on	ly			
Date stamp Amount received	£□□□.□□	Date of readmission Registration number Registered by:		

© Health Professions Council, 2003 - 2009

Section 1 Registration details

Please p	provide your registration number				
When did you last practice your profession? (DD/MM/YYYY)					
I am app	olying for registration as a/an (see guidance	notes	for details of protected titles)		
	 Arts therapist Biomedical scientist Chiropodist and podiatrist Clinical scientist Dietitian Occupational therapist Orthoptist 		Operating department practitioner Paramedic Physiotherapist Prosthetist/orthotist Radiographer Speech and language therapist		
lf you ha	ave chosen arts therapist please cross the box	(es) re □	levant to you Art psychotherapist		
	Dramatherapist		Music therapist		
If you have chosen prosthetist/orthotist please cross the box(es) relevant to you					
Ľ	Prosthetist		Orthotist		
lf you ha	ave chosen radiographer please cross the box	(es) re	levant to you		
	Therapeutic radiographer		Diagnostic radiographer		
If you ha	ave chosen clinical scientist please cross the b	ox(es)	relevant to you		
L	Audiology	Ц	Cellular science		
	Clinical biochemistry		Embryology		
	Clinical genetics		Haematology		
	Clinical immunology		Histocompatibility and immunogenetics		
	Clinical microbiology		Medical physics and clinical engineering		
L	Clinical physiology		Other (please state)		

Section 2 Contact details

Previous name (if ap Date of birth (DD/MI	
Nationality	
-	number (if applicable)
Country of birth	
Town/city of birth	
Gender	Male Female
Home contact deta	ils
House/flat number	
Street name	
Town/city	
County	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	
communications for	mail address I consent to the HPC sending me electronic marketing or the purposes set out in the HPC subject information statement provided attached to this application form.
Email address	
Work contact deta	ils
Department	
Organisation	
Street name	
Town/city	
County	
Postcode/zipcode	
Country	
Telephone number	
Mobile number	

By providing my email address I consent to the HPC sending me electronic marketing communications for the purposes set out in the HPC subject information statement provided to me in the notes attached to this application form.

Email address	
---------------	--

Section 3 Character and health self-declarations

Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge?

	Yes 🛛	No 🗖	If yes, please give details on a separate sheet.
Have	you been disciplined	d by a profess	ional or regulatory body or your employer?
	Yes 🗖	No 🗆	If yes, please give details on a separate sheet.
Have you?	you had civil procee	edings (other th	nan a divorce/dissolution of marriage) brought against
jeur	Yes 🗆	No 🗆	If yes, please give details on a separate sheet.
Are y	ou suffering from an	y condition tha	at would affect your ability to practise?
	Yes 🗆	No 🗖	If yes, please give details on a separate sheet.

Section 4 Paying your fees – please read the guidance notes on paying your fees

Your first payment must be made by cheque or money/postal order. We do not accept bank transfers or direct debit payments for this initial fee. The fee we charge is called a readmission fee. The fee includes the first year (or part year) of registration. The fee is reduced if you are making an application for readmission within one month of the date your registration lapsed. We cannot process your application without a payment.

Please choose one of the following four options:

Option 1

П

I am applying for readmission within one month of the date my name was lapsed from the Register. I **wish** to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of **£76.**

Option 2

I am applying for readmission within one month of the date my name was lapsed from the Register. I **do not** wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of **£152**.

Option 3

I am applying for readmission and it has been over a month since my name was lapsed from the Register. I **wish** to pay future fees by direct debit. I enclose a direct debit instruction and a cheque/money order for the amount of **£191**.

Option 4

П

I am applying for readmission and it has been over a month since my name was lapsed from the Register. I **do not** wish to pay future fees by direct debit. I enclose a cheque/money order for the amount of **£267**.

Please complete the direct debit instruction if you have chosen option 1 or option 3

INSERT DIRECT DEBIT INSTRUCTION AND GUARANTEE HERE

Section 5 Practice outside the United Kingdom (UK) form

If you completed your approved qualification more than five years ago, but have practised your profession outside the UK during the last two years, you do not need to undertake a period of updating. If this applies to you, please complete this form and include it with your application.

If you have worked for several different employers, please photocopy or print off as many copies of this form as you need.

Your first name				
Your surname/family	y name 000000000000000000000000000000000000			
Please tell us when	re you were employed:			
Department				
Organisation				
Street name				
Town/city				
County/state				
Postcode/zipcode				
Country				
Name of Manager				
Job title:				
Email address:				
Telephone number				
Dates you practised	loutside of the UK: From			
DD/MM/YYYY				
Please complete one of the sections below:				
Whilst practising o	outside the UK, I was registered with the following regulator:			
Name of regulator				
Address				
Telephone number				
Website address				

Ш

Ш

My profession is not regulated in the country where I practised.

Your registration number (or equivalent)

Dates you practised outside of the UK:	From	
DD/MM/YYYY	То	

Section 6 Declaration of information

- I declare that I have read, understood and will comply with the HPC's standards of conduct, performance and ethics.
- I have read the data protection information statement set out in the notes which accompany this application form and understand that the HPC may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes set out in statement. I understand that my consent is not required for the HPC to undertake the processing required by the Health Professions Order 2001.
- I consent to the HPC processing my personal data for the purposes set out in the information statement which are not required by the Health Professions Order 2001. I understand that I may withdraw my consent to the HPC processing my personal data for any marketing purposes by writing to the HPC informing it that I am withdrawing that consent.
- **I understand** that fraudulently procuring an entry in the HPC Register is a criminal offence under article 39 of the Health Professions Order 2001.
- I declare that I have read, understood and will comply with the HPC's requirements for continuing professional development (CPD).
- I agree to pay the fees for my registration using the option chosen by me in section 4.
- I consent to the HPC contacting any person to gather further information on my application or to confirm the information that I have provided. I consent to any person approached by the HPC to assist with the evaluation of my application providing the HPC with any information held by that person in respect of me that the HPC may request.

Signature.....

Please give this section to the person you ask to complete your character reference form.

Referee's guidance on completing the character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

You have been asked to complete a character reference by the person who has given you this form (the applicant), because they want to be registered with the Health Professions Council (HPC).

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that you must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace;
- Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution; or
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council.

This is not an exhaustive list and if you have any questions as to whether you are able to provide a character reference please contact us on our lo-call number 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

Once completed please return the character reference directly to the applicant.

Character reference continued

This form is to be completed by your character referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character. A character reference must be provided on this form by a person of standing in the community who is not a relative of the applicant and who has known the applicant for at least three years. For a list of acceptable referees, please refer to the guidance notes for readmission applicants.

Please return this form to the applicant once complete.

Applicant details

Name	
Address	
Profession	
Referee deta	ails
Name	
Occupation	
•	nember of a professional or regulatory body, please provide its name and your /registration number
Practice or b	usiness address
Telephone	
Please state	capacity in which you know the applicant
	I have known the applicant for \Box years and know of no reason why they should not above profession with honesty and integrity.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYYY)	
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Ver.

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Title UK Form

Status Draft DD: None

Int. Aud. Public RD: None 9

Referee's guidance on completing the health reference

Information for doctors

This section contains guidance about the information we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to be registered with the Health Professions Council (HPC). In the UK, the health reference must be completed by a doctor who is registered with the General Medical Council (GMC). However, if the reference is being provided from outside the UK it can be completed by a doctor who is registered with an equivalent regulator in another country.

You must also have been the applicant's doctor for at least three years or must have access to their medical records for the past three years. If this is not possible you can carry out a medical examination in order to complete the health reference.

You must not be a relative of the applicant.

Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

Your professional opinion should be informed by the fact that any UK employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act 2005.

Fees

If you or your practice charges a fee for the provision of a reference this is a matter between yourself and your patient. The HPC has an obligation under the Health Professions Order 2001 to obtain the reference from the applicant. This obligation does not extend to paying for the reference and any cost must be met by the applicant.

Further questions

If you have any further questions there is a document providing guidance to applicants and doctors about filling in the health reference. It can be found on our website at: www.hpc-uk.org/publications

If you require further information please contact us on 0845 3004 472 (if calling from the UK) or +44 (0)20 7840 9802.

Ver.

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Health reference continued

This form is to be completed by your health referee

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that their health does not impair their fitness to practise. A health reference must be provided on this form by a registered medical practitioner who is not a relative of the applicant. Please read the attached notes before providing the health reference.

Please return this form to the applicant once complete.

Applicant details

Name		
Profession		
Address		
Referee deta	ails	
Name		
Practice add	ress	
Telephone n	umber	
Regulatory b	ody (if applicable	
Registration	number (if applicable	

I confirm that I am a registered medical practitioner and that I have obtained the consent of the applicant to disclose the information contained in this reference to the HPC and (please tick one of the following options that applies):

L I have been the applicant's registered medical practitioner for at least three years and based on my personal knowledge I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above; or

Having been given the applicant's medical records for the last three years, I have examined these records and based on my examination of these records I am satisfied that the applicants's health does not affect their ability to practise the profession referred to above; or

L I have examined the applicant and based on this examination I am satisfied that the applicant's health does not affect their ability to practise the profession referred to above.

The HPC may make further enquiries in respect of the applicant and you, as referee, to verify or clarify information about the applicant and your reference. Should any of the information you have supplied in this reference not be accurate or if you have made any false claims, you may be committing a crime.

The HPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HPC may contact you to ensure that your reference is accurate and may also disclose your personal data to third parties to check its accuracy. Should any inaccuracies be established, your personal data may be transferred to a third party for further investigation. Should a registrant transfer to another country, your reference may be passed to any appropriate regulators in that country.

Ver.

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Doc Type

DCB

Status Draft DD: None By signing this reference you confirm that the information that you have provided is accurate and that your personal data may be processed for the purposes specified above.

Date (DD/MM/YYY)

Practice stamp

Ver.

g

Doc Type DCB **Title** UK Form Status Draft DD: None **Int. Aud.** Public RD: None Guidance for readmission applicants (applicants who have previously been registered) ■ Registration Department 184 Kennington Park Road, London, SE11 4BU ■ Lo-call number (if calling from UK) 0845 3004 472 or 020 7840 9802 ■ www.hpc-uk.org #= registration@hpc-uk.org

These guidance notes are intended to help you complete the application form. They will also help you understand the application process. However, if after reading the guidance notes there is something you do not understand please contact us.

Introduction

- About the Health Professions Council (HPC)
- How we are run
- Applying for readmission
- Meeting our standards
- Protected titles

About this guidance

- Applying through the readmission process
- Returners to practice
- General information on completing the forms
- Sending us your application
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Section 1

Registration details

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Section 2 Contact details

- Name change
- Home address
- Work address
- Agencies

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Section 3 Self-declarations

- Character
- Health

Section 4 Paying your fees

- Readmission fee
- Registration cycle
- Methods of payment

Section 5 Practice outside the United Kingdom (UK) form

Section 6 Declaration of information

Section 7 Character reference

Section 8 Health reference

Appendix: other helpful information

- Our standards
- Continuing professional development
- How to keep your name on the Register

Data protection information

Useful terms

Introduction

About the HPC

We are the Health Professions Council. We are a health regulator and were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

We currently regulate 13 health professions, these are:

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists/orthotists
- Radiographers
- Speech and language therapists

How we are run

We were created by legislation called the Health Professions Order 2001. This lays out our responsibilities and it gives us our legal authority to carry these out. We have a Council which is made up of registered health professionals and members of the public. This Council sets our strategy and policy and makes sure we are fulfilling our duties under the Health Professions Order.

About registration

Health professionals must register with us in order to use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you are still not able to call yourself a physiotherapist unless you are registered with us.

Registration shows you meet our standards for your profession. Registration shows the public that health professionals are fit to practise and they are entitled to use the protected title(s) for their profession. It shows the people on our Register are part of a profession with nationally recognised standards set by law.

When we say someone is 'fit to practise', we mean they have the skills, knowledge, character and health to do their job safely and effectively.

Applying for readmission

The information provided by applicants helps us to know that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

Meeting our standards

Everyone on our Register must meet the standards of proficiency we have set. The standards of proficiency are the professional standards which health professionals must meet in order to be registered. If you need a copy in an alternative format, please contact us. Our contact details can be found at the front of this form.

The standards of proficiency are made up of generic standards, which all registered health professionals must be able to meet, and profession-specific standards, which only apply to one profession.

Protected titles

Each of the professions we regulate has at least one protected title. Anyone who uses one of these titles must be on our register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Part of Register	Sub-section	Title
Arts therapist	Art therapist	Art psychotherapist
	Dramatherapist	Art therapist
	Music therapist	Dramatherapist
		Music therapist
Biomedical scientist		Biomedical scientist
Chiropodist and podiatrist		Chiropodist
		Podiatrist
Clinical scientist		Clinical scientist
Dietitian		Dietitian
		Dietician
Occupational therapist		Occupational therapist
Operating department		Operating department
practitioner		practitioner
Orthoptist		Orthoptist
Paramedic		Paramedic
Physiotherapist		Physical therapist
		Physiotherapist
Prosthetist/orthotist	Prosthetist	Prosthetist
	Orthotist	Orthotist
Radiographer	Diagnostic radiographer	Radiographer
	Therapeutic radiographer	Diagnostic radiographer
		Therapeutic radiographer
Speech and language therapist		Speech and language therapist
		Speech therapist

Applying through the readmission application process

The readmission application form is for those who have been registered with us or our predecessor organisation, the Council for Professions Supplementary to Medicine (CPSM).

Returners to practice

If you have been out of practice for more than two years you will need to undertake a period of updating your skills and knowledge before you can become re-registered. As well as the main application form, you must also complete the relevant return to practise forms which can be found on our website: www.hpc-uk.org/apply

General information on completing the forms

To make sure we can process your form, please complete it in black ink and block capitals. Please mark boxes with a cross. If you run out of space please continue on a separate piece of paper. You must answer all the questions as fully as possible.

Please do not send us original documents unless otherwise specified. Instead, please send certified copies of documents. A document may be certified by a solicitor, commissioner for oaths, justice of the peace, notary public or in the case of a qualification certificate by the principal (or someone authorised by the principal) of the university or educational institute that granted the qualification.

Sending us your application

Please send your application when you are ready to start practising your profession and/or using the protected title(s). Your application should be sent to the Registration Department at the contact address on the front of this form. If you are newly qualified, you should not send your application until you have received confirmation of your qualification. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned. If you cannot be registered your fee will be refunded and you will be notified in writing.

It is advisable to take a photocopy of your application for your records. It is also advisable to send your form to us by a secure method of delivery.

What happens next?

The average processing time for applications is between seven and ten working days. This time may vary depending on the volume of applications received. Once we have processed your application our on-line register is immediately updated. It is the best way for you to check you are registered and for your employer to verify your registration status. The Register can be viewed at www.hpcheck.org To view our privacy statement, please refer to the website: www.hpc-uk.org/privacy

Contact us

If you cannot find the answer to your query in these guidance notes please contact us. Please see page one for our contact details.

Certified documents

In the section below, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document/s must write on it 'I certify that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace or other judicial official;

- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;
- Teacher;
- Stockbroker:
- Investment manager;
- Member of Parliament;
- Officer in the Armed Forces; or
- Registered Health Professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

Verifying your identity

We ask all applicants to provide us with a legible certified photocopy of:

- a document containing your photograph; and
- a document proving your current address.

Documents you may consider sending us include:

- current signed full passport;
- national identification card and/or other valid documentation relating to immigration status and permission to work in the UK;
- current UK photo card driving licence;
- current full UK driving licence (old version)
- current benefit book or card or original notification letter from the Department for Work and Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification;
- full birth certificate;
- adoption certificate;
- marriage / civil partnership certificate;
- divorce order, dissolution order or annulment papers;
- confirmation from an Electoral Register*;
- recent utility bill*;
- local authority tax bill (valid for the current year);
- bank, building society or credit union statement or passbook containing current address*;
- recent mortgate statement from a recognised lender*;
- current local council rent card or tenancy agreement.

* If these documents are submitted, the date should be within the last six months.

If you cannot provide photographic documentation

If you are unable to provide photographic documentation, you should provide us with a passport sized photograph of yourself. This should be endorsed on the back with the signature of a person of standing in the community who has known you for at least three years. The photograph should be accompanied by a signed statement from that person, indicating the period of time that you have been known to them. They should also provide us with their contact details. Please refer to the section 7 (character reference) for a list of acceptable people.

Translation of documents

If you submit documents that are not in English, you must provide us with a translation. We recommend you approach your consulate for advice on finding an official translator. If this is not possible, we will accept the documents you have translated, providing you have them authenticated by a lawyer, solicitor, commissioner for oaths or justice of the peace.

Please note:

- All application forms are the property of HPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items/documents.
- Please make sure your correspondence details are kept up to date.
- The health reference, character reference and the declaration of information must be dated within six months of the date your application is received by HPC.
- We process applications for registration and tell you the decision as quickly as possible. Please do not make any arrangements or incur any expenses which depend upon the approval of your application with us. We will not accept liability for any loss or expenses incurred as a result of the above.
- It is illegal to use a protected title unless you are registered with us. It is illegal to claim you are registered with the HPC when you are not.

Outcomes of an application

Incomplete applications

If your application is incomplete we will return it and ask you to resubmit it. Please do not send individual documents separate from your application as these will be returned to you. We will use the information you provide for a number of purposes. This can include contacting organisations and individuals named in your application, including professional bodies, universities, places of work and referees.

Successful applications

If your application is successful, we will:

- put your name on the online register
- send you a letter on the day we register you
- send you a registration certificate and authentication card

With your name on our Register you will be able to practise using the relevant title(s) of your profession.

The publicly available register shows:

- Name
- Registration number
- Profession of registrant
- Duration of current registration
- Approximate geographical area in which the registrant practises (eg Guildford). It does not show your full address.

Rejected applications

Your application may be rejected if we believe you do not meet our standards of proficiency or our health and character requirements. Please note your application can only be assessed based on the information you provide with your form. If your application is rejected you can appeal against the decision. You may also reapply, submitting a new form, supporting documents and registration fee.

Your right of appeal against the assessor's decision to reject your application arises if you believe that:

- the decision to reject your application is wrong; and
- you meet the standards of proficiency; and
- you meet the standards of conduct, performance and ethics.

You will need to establish the grounds for your appeal (ie why you believe that the decision taken is wrong) and follow the appeals procedure.

The appeals process

If your application is rejected you have 28 days following the date of the letter rejecting your application to write to us to appeal against the decision. We will then provide you with further information on the appeals process.

Fraudulent applications

If you falsify information about your identity or any other aspect of your application, the HPC will suspend your application pending an investigation. If such information becomes known to us after you have been registered, an investigation will be launched and your registration may be suspended or terminated. It is a criminal offence to fraudulently obtain registration with the HPC. You may be committing a criminal offence if you supply false information and you may be prosecuted.

Section 1 Registration details

Previous applications

If you have been registered with us or our predecessor the Council for Professions Supplementary to Medicine (CPSM), please tell us your registration number and the date you last practised your profession.

Section 2 Contact details

It is essential that your personal contact details are kept up to date. This is a requirement of the Health Professions Order 2001. For security reasons we are unable to accept changes of personal details by email.

Name change

All name changes must be made in writing. Please also send us a certified photocopy of the relevant document (eg marriage certificate).

Home address

We ask you to give us your main home address. This address is not published on the publicly available register, but is required by us for all HPC correspondence. You can change your address over the telephone or by writing to us.

Work address

The work address you give us should be for your main place of work. Members of the public will be able to see on our Register the approximate geographical area in which you practise (eg Guildford). If you are not currently practising you can leave this section blank and contact us as soon as you are able to give us a work address. You can change your address over the telephone or by writing to us.

If you change either your home or work address during the application process or at any point thereafter, you must notify us.

Agencies

All correspondence from the HPC will be sent to the applicant only. This means you must provide a home address and not the address of an agency. Please be aware if you provide an agency address your application will be returned to you.

Section 3 Self-declarations

Character

The professions regulated by the HPC are exempt from the Rehabilitation of Offenders Act. This means we do not consider any conviction to be spent. It is important you declare to us any convictions, police cautions or convictions for which you received a conditional discharge. Failure to do so may result in investigation which could lead to you being removed from the Register.

Health

You are also asked to provide us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If you declare a health and/or character issue this could be considered by a panel to determine whether you are eligible for registration.

Section 4 Paying your fees

Readmission fee

The fee we ask you to send with your application is called a readmission fee. This is a nonrefundable payment of £182 and includes the first year (or part year) of registration. We cannot process your application without this payment. The readmission fee is not payable if your name was lapsed from the Register less than a month from the date we receive your application.

You must also pay your registration fee at the point you apply for readmission. The registration fee for the two year registration cycle is £144 (£72 per year). If you apply to be registered at any point during the professional year, even if only for a few days, you will need to pay the full £72. If you do not need registration immediately in order to work, you may wish to check when your new professional year starts and apply for registration at the start of a new professional year. The table below shows the registration cycles for each profession.

Registration cycle

Your registration cycle is biennial (two-yearly) and is made up of two 'professional years'. The table below details the professional years for each profession we regulate.

Arts therapists 1 June – 31 May 1 December – 30 November **Biomedical scientists** Chiropodists/podiatrists 1 August – 31 July 1 October – 30 September Clinical scientists Dietitians 1 July – 30 June Occupational therapists 1 November – 31 October Operating department practitioners 1 December – 30 November Orthoptists 1 September – 31 August Paramedics 1 September – 31 August 1 May – 30 April **Physiotherapists** Prosthetists/orthotists 1 October – 30 September Radiographers 1 March – 28 February 1 October – 30 September Speech and language therapists

Before you send us your application you need to decide whether you wish to pay the full registration fee or spread the cost by paying by direct debit.

Methods of payment

The fee you are required to pay is dependent on the date your registration lapsed and whether you wish to pay future fees by direct debit.

In order to help you calculate your fee, you will need to choose one of the four options in section five of the readmission application form. Each option is explained here in more detail.

Option 1

If you:

- are applying for readmission within one month of the date your name was lapsed from the Register; **and**
- wish to spread the cost of registration by direct debit.

You will need to pay **£76.** The remainder of your fee will be deducted from your bank account in two £36 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

Option 2

If you:

- are applying for readmission within one month of the date your name was lapsed from the Register; **and**
- do not wish to set up a direct debit.

You need to send us a payment of **£152** with your application form. This fee compromises the fee for the current year (or part year) and the following professional year.

Option 3

If you:

- were lapsed from the Register more than a month ago; and
- wish to spread the cost of registration by direct debit.

You will need to pay **£191.** This fee compromises your readmission fee and the fee for the current professional year. The remainder of your fee will be deducted from your bank account in two £36 instalments. Once you have been registered, we will write to you to tell you the actual dates the amounts will be deducted from your account.

Option 4

If you:

- were lapsed from the Register more than a month ago; and
- do not wish to set up a direct debit.

You need to send us a payment of **£267** with your application form. This fee compromises your readmission fee, the fee for the current year (or part year) and the following professional year.

Payments must be made in UK Sterling and drawn on a bank based in the United Kingdom (UK). Your payment should be crossed and made payable to 'Health Professions Council'. Please write your full name on the reverse side of your payment and ensure that it is not post-dated.

Please note:

For security reasons, HPC does not accept cash payments. If you try to make a payment in cash at the HPC you will be directed to the nearest post office where you can obtain a postal order.

Section 5 Practice outside the United Kingdom (UK) form

If you completed your approved qualification more than five years ago, but have practised your profession outside the UK during the last two years, you do not need to undertake a period of updating. If this applies to you, please complete this form and include it with your application.

If you have worked for several different employers, please photocopy or print off as many copies of this form as you need.

Your first name							
Your surname/famil	y name						
Please tell us whe	re you were emplo	ved:					
Department							
Organisation							
Street name							
Town/city							
County/state							
Postcode/zipcode							
Country							
Name of Manager							
Job title:							
Email address:							
Telephone number							
Dates you practised	I outside of the UK:	From]/[][
DD/MM/YYYY		То]/□[

Please complete one of the sections below:

Whilst practising of	outside the UK, I was registered with the following regulator:
Name of regulator	
Address	
Telephone number	
Website address	
Your registration nu	mber (or equivalent)

My profession is not regulated in the country where I practised.

Dates you practised outside of the UK:	From	
DD/MM/YYYY	То	

Section 6 Declaration of information

HPC can only process your application if you have signed this declaration. You should make sure that you fully understand the declaration before signing it. It is illegal to fraudulently procure an entry onto the HPC Register. If you do this, you will be subject to prosecution.

Section 7 Character reference

Before being registered under the Health Professions Order 2001 an applicant must satisfy the HPC that they are of good character.

A character reference needs to be provided by a person of standing in the community who is not a relative of the applicant and has known the applicant for at least three years. This means that your referee must have a reputation in the community. A professional person (eg a doctor, solicitor or accountant) will be recognised as a person of standing in the community as will a:

- Bank manager;
- Justice of the Peace;
- Principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution;
- Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council;or
- Registered health professional

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of standing in the community please contact us.

Important points:

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health reference and send it in to us with the rest of your application.

Important points:

- The character reference must be completed on a HPC character reference form.
- References should be signed no more than six months before the submission of your application.

- Referees may charge a fee for completing your character reference form. Any costs incurred will have to be met by you.
- Referees must confirm their occupation practice or business address. All references must be completed by the referee, returned to you and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We cannot accept references sent directly to us by your referee.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your character reference

When your referee has completed your character reference, it should be returned to you. Keep this with your health reference and send it in to us with the rest of your application.

Section 8 Health reference

All applicants must provide a health reference

Only a doctor registered with the appropriate regulatory body can complete a health reference. The referee must sign and date the form on the understanding that it is illegal for them to provide a false reference. The referee must either have been your registered medical practitioner for at least three years or have examined your medical records for this period and cannot be related to you. A referee who cannot provide a reference on either basis may do so after physically examining you.

Important points:

- The health reference must be completed on a HPC health reference form.
- References should be signed no more than six months before the submission of your application.
- Referees may charge a fee for completing your health reference form. Any costs incurred will have to be met by you.
- Referees must confirm their status as a registered medical practitioner on the form and provide their practice address. All references must be completed by the referee, returned to you in a sealed envelope and forwarded with your application form to us. They must have the original signature of the referee. We cannot accept faxed, photocopied or emailed copies of reference forms.
- We do not need a consent letter from you for a registered medical practitioner to release information. When you give your referee the health reference form you are giving your consent for them to complete this document.
- We cannot accept references sent directly to us by your registered medical practitioner.
- Please remember if you provide fraudulent references you may be prosecuted.

After you've obtained your health reference

When your doctor has completed your health reference, it should be returned to you. Keep this with your character and clinical references and send it in to us with the rest of your application.

If your doctor has provided us with information about your health that may affect your practice, this does not necessarily mean we will not register you. Instead, we will consider the information provided to decide whether we need to ask a registration panel to consider your application.

If your doctor will not sign your reference

Your doctor may not be able to sign your reference. If so, you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

Date 2006-04-12	Ver.	Dept/Cmte	Doc Type DCB	Title UK Form
2006-04-12	1	QUA	DCB	UK FOIM

Status Draft DD: None If your medical records are not available then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

We have published a detailed document called 'Information about the health reference'. This has been written for people who have more questions about the health reference, and it contains information for applicants and for doctors. You may find this document useful if you have a health condition, if you are disabled or if your doctor has asked you questions about the health reference. The document is available on our website at: www.hpc-uk.org/publications

Appendix: other helpful information

Our standards

Please read the following two documents before submitting your application:

- Standards of conduct, performance and ethics
- Standards of proficiency

Copies of these documents can be found on our website at www.hpc-uk.org or by contacting us directly. Please see page one for our contact details.

Continuing professional development

As part of your registration with us, you need to carry out continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. From July 2008, whenever your profession renews its registration, a percentage of your profession will be audited to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please download from our website the brochure 'Your guide to our standards for continuing professional development'.

How to keep your name on the Register

Once you have been registered, you will need to renew your registration every two years. To make sure your name stays on the Register, we must receive:

- your registration fee;
- your signed professional declaration; and
- if you are randomly selected, your CPD audit information.

We will send you a registration renewal form around three months before your registration expires.

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Data protection information

Subject Information Statement

The Health Professions Council (HPC) processes your personal data (as defined by the Data Protection Act 1998 (the 1998 Act)) for the following purposes:

- administering your application to register with the HPC and any subsequent renewals; •
- maintaining and publishing the health professions Register; •
- undertaking regulatory activities for the purposes of the Health Professions Order 2001 (as • amended);
- ensuring that you comply with our standards, including but not limited to, ensuring compliance • with continuing professional development and educational requirements;
- investigating complaints made about you; •
- investigating complaints made by you; •
- publishing the results of any complaints made about you or by you; .
- transferring your personal data to any other authorised body investigating your activities; •
- transferring your name, profession, registration number, registration dates and approximate location of your practice to any member of the public requesting the information and making it available through the publication of the health professions Register;
- transferring your personal data to professional advisors and other third parties involved with • the regulation of health professionals;
- statutory and regulatory compliance;
- monitoring equality and diversity information;
- reviewing your medical records and history, including but not limited to any medical reference . supplied, to ensure that your health does not impair your fitness to practice;
- maintaining photographic images of you to ensure your identity; •
- informing you about the activities of HPC; •
- marketing the activities of the HPC; •
- transferring your personal data to any business directory so as to ensure only authorised . people advertise their services in such directories;
- keeping you informed about any changes to practice or legislation that may affect your . practice;
- responding to requests for information from other health professions regulators both within the . European Economic Area and worldwide:
- keeping you informed about any developments, activities or products of third parties which may affect or assist your practice; and
- achieving the general and statutory objectives of the HPC.

We collect personal information from you when you communicate with us by any media. We may also collect personal data which relate to you from third parties.

We may contact you by means of electronic communication, including but not limited to email or SMS for the purposes set out above. We will only undertake activities considered to be electronic marketing if permitted to do so by the Privacy and Electronic Communications (EC Directive) Regulations 2003.

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Sensitive personal data

Certain personal information is categorised by the 1998 Act as "Sensitive Personal Data" as defined by the 1998 Act.

In some circumstances, the HPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health Professions Order 2001 and therefore we do not need to obtain your consent to undertake this processing. In general, the sensitive personal data collected by HPC is limited to information in connection with:

- your racial or ethnic origin;
- your physical or mental health or condition; •
- your membership of a trade union (within the meaning of the Trade Union and Labour . Relations (Consolidation) Act 1992;
- the commission or alleged commission by you of any offence; •
- any proceeding taken against you for any offence committed or alleged to have been . committed by you; and
- vour sexual life. •

Anonymisation

HPC is required to provide statistical information to a number of different bodies; it also undertakes its own research. In such circumstances it only provides anonymised data.

Permitted processing

HPC ensures that it is permitted to process your personal data. If no statutory condition applies to the form of processing we undertake, we can only undertake such processing with your consent. You may withdraw your consent to our processing your personal data for some of the above purposes by writing to the address at the end of this statement.

If a statutory condition applies allowing the HPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HPC ceases to process your personal data as the HPC keeps personal data on registrants for their lifetime.

Sharing Your Information

In some circumstances the HPC may be required by law to share sensitive personal data about you to a third party. Otherwise the HPC does not share sensitive personal data outside of the HPC Group without your consent. Your personal data may be shared as set out in the above purposes. If you do not wish us to share your personal data with any third party for marketing purposes, please write to us at the address at the end of this statement.

European Economic Area (EEA)

Please note that information displayed on our Website or sent to the HPC over the Internet may be transferred outside of the EEA, where data protection laws are not as strong as within the EEA. The information displayed on the website is provided as it is necessary for the public interest. In relation to any information you send via the internet or email, if you have any concerns in relation to such transfers, you should not use the internet or email as a means of communication with the HPC.

Monitoring of telephone calls and emails

Your telephone calls and emails to us may be recorded and monitored for quality control purposes. We may also intercept communications made to individual members of staff at the HPC when this is required for business purposes.

DCB

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Title UK Form Status Draft DD: None

Int. Aud. Public RD: None

Notification

HPC has notified the Information Commissioner that it processes personal data. The notification number is Z6621691.

Contact us

If you have any queries relating to this statement, please contact us by letter at the following address:

Health Professions Council Park House 184 Kennington Park Road London **SE11 4BU**

Date 2006-04-12

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Doc Type DCB Title UK Form Status Draft DD: None

Useful terms

Agencies – may be any third party but would usually be a commercial business that makes money (by commission) on placing applicants in employment for a fee charged to the employer. If you choose to use an agency you should make sure they are reputable. Responsibility for your application remains with you and you must provide an address where you can be sure to receive correspondence from us.

Applicant – the person making the application for entry to the Register.

Continuing professional development (CPD) – any activity which serves to maintain or improve upon professional knowledge and practice. Once registered you are required to record what CPD you undertake (see HPC publication 'Continuing professional development and your registration').

Data controller – a person who either jointly, alone or in common with other people determines the purposes for which and the manner in which any personal data are, or are to be, processed.

Data processor – any person other than an employee of the data controller, who processes the personal data on behalf of the data controller.

Data protection policy – this is the HPC's statement of how we apply and comply with the rules contained within the Data Protection Act 1998.

Data subject – an individual on whom personal data are processed.

Declaration – this is the declaration you sign as part of the application form. You are signing to confirm each of the four elements of the declaration. This declaration is legally binding and you should only sign it if you are sure the information you are providing is correct.

Home address – the address of your main or only residence. This should be an address where you can be sure to receive correspondence from HPC as we may need to contact you regarding your application.

HPC – Health Professions Council

Health Professions Order 2001 – the legislation that governs the registration process and confers the responsibilities and authority to the HPC to apply and administer the registration process.

Personal data - means:

- any data from which the identity of a living individual can be determined, either by itself or with other data processed by data controller; and
- any information such as name and address, email address, telephone number and general contact details, personal data includes images on film, photographs and telephone voice recordings.

Processing – means obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information or data including:

- organisation, adaption or alteration of the information or data;
- retrieval, consultation or use of the information or data;

Date	Ver.	Dept/Cmte	Doc Type	Title
2006-04-12	f	QUA	DCB	UK Form

Status

Draft DD: None

- disclosure of the information or data by transmission, dissemination or otherwise making available; or
- alignment, combination, blocking, erasure or destruction of the information or data.

Relative – has been broadly defined by the Health Professions Council (Registration and Fees) Rules 2003 (as amended) to include in relation to any person:

- (a) his spouse or civil partner;
- (b) any lineal ancestor, lineal descendent, brother, sister, aunt, uncle, nephew, niece or first cousin, of his or of his spouse or civil partner; or
- (c) the spouse or civil partner of any relative mentioned in paragraph (b),

and for the purposes of deducing any such relationship 'spouse or civil partner' includes a former spouse or civil partner, a partner to whom the person is not married, and a partner of the same sex.

Sensitive personal data – means personal data consisting of information as to:

- the racial or ethnic origin of the data subject;
- political opinion;
- religious beliefs or other beliefs of a similar nature;
- whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992);
- physical or mental health or condition;
- sexual life;
- the commission or alleged commission of any offence; or
- any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings.

Work address – the main or only address of your current employment. If you are a sole practitioner and carry out home visits (eg chiropodist) then this may be the address where your practice is based. Only the area will be available to view on the public Register so your privacy and security remains protected.

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