
IMPORTANT INFORMATION FOR INDIVIDUALS APPLYING FOR REGISTRATION THROUGH THE UK AND READMISSION ROUTES

We recognise these are exceptional and uncertain times for everyone, including those of you wishing to apply for registration and those wanting to come back on to the Register.

As a result of the measures introduced by the government in response to COVID-19, we have moved all our staff to working from home. This means we are no longer able to answer our main telephone lines and have very limited access to our post. We are therefore adapting our ways of working and as such are allowing applications for registration to be sent to us by email. Please send your application and all accompanying documents to admissions@hcpc-uk.org

Please read the guidance very carefully before sending us your application and take note of the new information below.

Payment

Your payment can only be made by bank transfer. Please read the guidance very carefully and make sure that you use the correct payment reference when making the transfer. Please tell us the payment reference by completing the relevant section on the form.

Certified documents

In the current circumstances, we recognise it would be unrealistic to expect applicants to be able to provide certified copies of documents. We are therefore allowing applicants to submit the form and uncertified copies of documents. However, we require you to make a declaration, which should be sent to us as part of your application. The declaration is below. Please complete and email it to us with your application.

Please find attached my application for [re]admission to the HCPC Register.

In submitting this application I confirm that the information in the application form is complete and accurate, to the best of my knowledge and belief, and the attached documents are true copies of the authentic originals. I understand that, at a later date, the HCPC may require me to provide additional information in respect of this application or to produce or provide certified copies of the documents submitted.

PLEASE WRITE CLEARLY USING BLOCK CAPITALS

Your full name:

Your date of birth:

The profession you are applying for:

Date: / / 2020

Signature



Please read the guidance notes while completing this form.

Readmission application for registration (for applicants who have previously been registered)

Registration Department
184–186 Kennington Park Road, London, SE11 4BU

+44 (0)300 500 4472

www.hcpc-uk.org

registration@hcpc-uk.org

hcpc health & care
professions
council

Before completing your application form you will need to read the guidance notes 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 first name

Your surname / family name

Previous name (if applicable)

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.

* Please refer to guidance notes for more information regarding certification of documents.

Checklist – please check to ensure you have enclosed the following items with your application	Please cross
① A completed application form	<input type="checkbox"/>
② A 'Paying your fees' form with full payment details	<input type="checkbox"/>
③ Legible Certified* copies of two appropriate documents to confirm your identity	<input type="checkbox"/>
④ Certified* evidence of any change of name (if applicable)	<input type="checkbox"/>
⑤ Relevant return to practice forms (if applicable)	<input type="checkbox"/>
Please also check that you have not :	
① placed your application in a folder, binder or plastic / paper wallet	<input type="checkbox"/>
② included any original documents or an item which you need to be returned	<input type="checkbox"/>

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

Your payment		Attach a recent passport sized photograph of yourself here. Please do not staple.
I have made payment of	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
My payment reference is	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> – BT	
Date of bank transfer	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
For HCPC use only		
Date stamp		Date of readmission <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amount received	£ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Registration number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Registered by:

Section 1 Registration details

Please provide your registration number

When did you last practise your profession? (DD/MM/YYYY)

(Do not leave blank)

I am applying for registration as a / an (see guidance notes for details of protected titles)

☐ Arts therapist (If you have chosen arts therapist please cross the box(es) below relevant to you)

☐ Art psychotherapist

☐ Art therapist

☐ Drama therapist

☐ Music therapist

☐ Biomedical scientist

☐ Chiropodist / podiatrist

☐ Clinical scientist (If you have chosen clinical scientist please cross the box(es) below relevant to you)

☐ Audiology

☐ Cellular science

☐ Clinical biochemistry

☐ Embryology

☐ Clinical genetics

☐ Haematology

☐ Clinical immunology

☐ Histocompatibility and immunogenetics

☐ Clinical microbiology

☐ Medical physics and clinical engineering

☐ Clinical physiology

☐ Dietitian

☐ Hearing aid dispenser

☐ Occupational therapist

☐ Orthoptist

☐ Operating department practitioner

☐ Paramedic

☐ Physiotherapist

☐ Practitioner psychologist (If you have chosen practitioner psychologist please cross the box(es) below relevant to you)

☐ Clinical psychologist

☐ Counselling psychologist

☐ Educational psychologist

☐ Forensic psychologist

☐ Health psychologist

☐ Occupational psychologist

☐ Sport and exercise psychologist

☐ Prosthetist / orthotist

☐ Radiographer (If you have chosen radiographer please cross the box(es) below relevant to you)

☐ Diagnostic radiographer

☐ Therapeutic radiographer

☐ Speech and language therapist

Section 2 Personal and contact details

Date of birth (DD/MM/YYYY)

[illegible][illegible][illegible]

Town / city of birth

☐ Male ☐ Female

Home contact details

House / flat number

[illegible][illegible][illegible]

Postcode / zipcode

[illegible]

Telephone number

Mobile number

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

Email address

Work contact details

[illegible][illegible]

Street name

[illegible]

County

Postcode / zipcode

[illegible]

Telephone number

Mobile number

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

Email address

Section 3 Character and health self declarations / Vetting and Barring schemes

We must check the health and character of everyone that applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action against a registrant if their health and / or character raises concerns about their ability to practise safely and effectively. **Please read the accompanying guidance notes carefully before completing this section.** If your answer to any of the questions below is **yes**, please indicate by placing a cross in the appropriate box and give details on a separate sheet.

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Children Yes ☐ No ☐

Vulnerable adults Yes ☐ No ☐

Section 4 Practice outside the United Kingdom (UK)

If you 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 section. If you have worked for more than one employer, please photocopy or print off as many copies of this form as you need.

Applicant details

Your title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ other (please specify)

Your first name

Your surname / family name

Previous name(s)

Job title / position in English

Job title / position in its original language

(if applicable)

Work details (work place / placement to which this form is relating)

Organisation

Department

Address

Town / city

County / state

Postcode / zipcode

Country

Name of manager

Contact telephone number

Contact email address

Dates of employment at the above address (DD/MM/YYYY)

From / / to / /

Please complete one of the sections below

Whilst I was practising outside the UK, I was registered with the following regulatory body or similar organisation.

Name of body

Address

Telephone number

Website address

Your registration number (or equivalent)

☐

My profession is not subject to registration, licensing or any other form of regulation in the jurisdiction where I practised.

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

Your initial fee payment must be made by bank transfer. We do not accept direct debit payments for this initial fee. The initial fee we charge includes a readmission fee and the first year (or part year) of registration. The readmission fee is waived if you are making an application for readmission within one month of the date of your removal from the Register. We cannot process your application without a payment. Payments must be made in UK Sterling and drawn on a bank based in the UK. Please make sure that your payment is made to the account details provided below with the correct reference format. We cannot process your application without your initial fees.

Account Details:

Account Name: **Health and Care Professions Council**
Sort Code: **20-03-53**
Account Number: **60672408**
Ref: **First 4 characters of surname-Day & Month of birth-Last 4 digits of your account number.**
Ref example: John Smith born on 22/09/1988 with account number 12345678. His reference would be: **smit-2209-5678**

Please choose one of the following four options:

- Option 1** ☐ I am applying for readmission within one month of the date my name was removed from the Register. I **wish** to pay future fees by direct debit. I have made payment of **£90**.
- Option 2** ☐ I am applying for readmission within one month of the date my name was removed from the Register. I **do not** wish to pay future fees by direct debit. I have made payment of **£180**.
- Option 3** ☐ I am applying for readmission and it has been over a month since my name was removed from the Register. I **wish** to pay future fees by direct debit. I have made payment of **£225**.
- Option 4** ☐ I am applying for readmission and it has been over a month since my name was removed from the Register. I **do not** wish to pay future fees by direct debit. I have made payment of **£315**.

Future fee payments will be deducted in two separate instalments.

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



Instruction to your bank or building society to pay by direct debit



Name and full postal address of your bank or building society

Originator's identification number

9 5 2 2 8 8

To the manager

Bank / building society

Reference Number

--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instructions to your bank / building society

Please pay HCPC direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee.

The amounts are variable and will be debited every six months.

I understand that this instruction may remain with HCPC and, if so, details will be passed electronically to my bank / building society.

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name(s) of account holder(s)

Date

D	D	M	M	Y	Y	Y	Y		

Bank / building society
Account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

		-			-				

Signed
declaration

Signature

Banks and building societies may not accept direct debit instructions for some types of account

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER

The direct debit guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit HCPC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request HCPC to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by HCPC or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when HCPC asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

✓ Checklist: Avoid having your application for readmission returned as incomplete

- ☐ **If you have been out of practice for two years or more, you will need to undertake a period of updating your skills and knowledge before you can become re-registered**

In addition to a readmission application form, you must also complete the relevant return to practice forms.


- ☐ **Enclose two certified copies of documents to confirm your identity**

For a list of acceptable documents and requirements please refer to the guidance notes.

- **Do not self-certify your documents**
- **Certifications must be completed by a person of professional standing in the community**
- **Certification should be done on the front or back of each photocopied document in the format shown (right)**

Please see the guidance notes for 'Certified Documents' on who can complete certifications

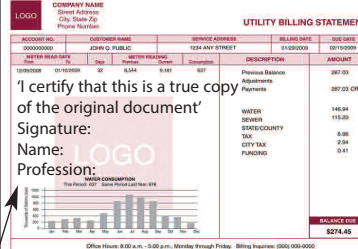
One document containing your photograph



'I certify that this is a true copy of the original document'

Signature:
Name:
Profession:

One document proving your current address



'I certify that this is a true copy of the original document'

Signature:
Name:
Profession:

- ☐ **All signatures must be original and dated within the last 6 months**

We cannot accept faxed, photocopied or emailed copies of pages or certification with signatures.

- ☐ **Provide certified proof of any name change**

If the name you wish to include on the HCPC Register differs from the name you qualified in or the name of your identification documents, you will need to provide a certified photocopy of a relevant name change document (e.g. marriage certificate / deed poll).

- ☐ **Your initial fees must be paid before submitting your application form**

You must pay your initial fees by bank transfer using the correct format for your reference: First 4 characters of surname – Day & Month of birth - Last 4 digits of your account number. If you wish to spread the cost of your subsequent registration fees, please fill in the direct debit instruction. Leave the "reference number" section blank as we will complete this for you. Remember to sign and date the direct debit instruction.

- ☐ **If you answered 'yes' to any question in section 3, you must provide additional information**

Please complete the 'additional information' section provided in section 3, you can attach additional pages if required. Applications will take longer to be processed. Please refer to the health and character policy publication for more information.

- ☐ **Complete section 4 if you have practised outside the UK in the last 2 years**

You should only complete section 4 if you completed a UK approved programme more than 5 years ago, you have practised your profession abroad in the last 2 years and you have not utilised your professional skills in employment related to your profession in the UK in the last 2 years.

For further help please see the application guidance notes, or our website: www.hcpc-uk.org/apply/

Section 6 Declarations

- **I declare** that I have read, understood and will comply with the HCPC's standards of conduct, performance and ethics.
- **I understand** that I must have in place a professional indemnity arrangement which provides appropriate cover and I confirm that I will have this in place when I practise.
- **I confirm** that I have read the subject information statement which accompanies this application form and understand that the HCPC may process my personal data as required by the Health Professions Order 2001 (the **Order**). I consent to the HCPC processing my personal data for the purposes set out in the subject information statement which are not required by the Order. I understand that I may, by notice in writing to the HCPC, withdraw my consent to the HCPC processing my personal data for any marketing purposes.
- **I agree** to pay the fees for my registration using the option chosen by me in Section 5.
- **I consent** to the HCPC contacting any person to obtain further information about my application or to verify the information that I have provided and agree that any person who is so contacted may provide the HCPC with any information about me which that person holds.
- **I confirm** that the information I have provided in this application is correct and understand that fraudulently procuring an entry in the HCPC Register is a criminal offence under article 39 of the Order.

Date (DD/MM/YYYY)

Signature

✉ Registration Department
184–186 Kennington Park Road, London, SE11 4BU

☎ +44 (0)300 500 4472
🌐 www.hcpc-uk.org
✉ registration@hcpc-uk.org

hcpc health & care
professions
council

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. Kindly note that you don't need to return these guidance notes to us.

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- About registration
- Applying for readmission
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- Protected titles

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Useful terms

About the HCPC

We are the Health and Care Professions Council. We are a regulator of health and care professionals and our job is to protect the health and wellbeing of people who use the services of the health and care professionals registered with us.

To protect the public, we set standards that health and care professionals must meet. Our standards cover health and care professionals' education and training, behaviour, professional skills and their health. We publish a register of health and care professionals who meet our standards.

We currently regulate 15 professions.

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

How we are run

We are governed 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 and care 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 and care professionals must register with us in order to use the protected title(s) 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 and care 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 and care 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 and care 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	Title
Arts therapists: Art, Drama or Music	Art psychotherapist Art therapist Drama therapist Music therapist
Biomedical scientists	Biomedical scientist
Chiropodists / podiatrists	Chiropodist Podiatrist
Clinical scientists	Clinical scientist
Dietitians	Dietitian Dietician
Hearing aid dispensers	Hearing aid dispenser
Occupational therapists	Occupational therapist
Operating department practitioners	Operating department practitioner
Orthoptists	Orthoptist
Paramedics	Paramedic
Physiotherapists	Physiotherapist Physical therapist
Practitioner psychologists	Clinical psychologist Counselling psychologist Educational psychologist Forensic psychologist Health psychologist Occupational psychologist Practitioner psychologist Registered psychologist Sport and exercise psychologist
Prosthetist / orthotist	Prosthetist / orthotist Prosthetist Orthotist
Radiographers: diagnostic or therapeutic	Radiographer Diagnostic radiographer Therapeutic radiographer
Speech and language therapists	Speech and language therapist Speech therapist

Applying through the readmission application process

The readmission application form is for those who have previously been registered with the HCPC, the Health Professions Council (HPC) or our predecessor 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 practice forms which can be found on our website: www.hcpc-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 as your application will be destroyed once it has been processed. Instead, please send certified copies of documents.

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. Applications cannot be considered unless the correct fees and all other required documents are included. All incomplete applications will be returned. The fee payable is set at £135 (which is non-refundable) plus the registration fee. If you cannot be registered your registration 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?

Applications are usually processed within ten working days but this time may vary depending on the volume of applications received. Please also note, if we need to carry out verification checks on your qualifications, previous employment or any other aspect of your application it may take considerably longer. Once we have processed your application 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 on our website at www.hcpc-uk.org

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 registered professional, a solicitor, barrister or other legal practitioner or an accountant) will be recognised as a person of standing in the community as will:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a Minister of the Church, Rabbi, Imam or other recognised religious official;

- a Member of Parliament, Member of Scottish Parliament, Member of the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces;
- a teacher / lecturer; or
- a registered health and care 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 benefit book or card or original notification letter from the Department for Work and Pensions (DWP) confirming right to benefit;
- recent HMRC tax notification;
- marriage / civil partnership certificate;
- 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 mortgage 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 are sending a bank or building society or credit union statement please black out the account number and sort code details.

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 Certified Documents for a list of acceptable people.

Translation of documents

If you submit documents that are not in English, you must also provide us with certified English translations. If you are applying from abroad, the British Embassy, Consulate or High Commission may be able to help you find a translator. In the UK, your own Embassy, Consulate or High Commission may be able to help.

Please note

- All application forms are the property of HCPC and should be returned to us.
- Please read the checklist carefully and provide all the appropriate items / documents.
- Please make sure your contact details are kept up to date.
- The character reference and the declaration of information must be dated within six months of the date your application is received by HCPC.
- 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 HCPC 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 Register:
- send you an email on the day we register you

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 - not full address);
- registration status; and
- annotation (if applicable)

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.

If you appeal, you will need to provide the grounds for your appeal (i.e. 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 setting out concise grounds of 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 HCPC 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 HCPC. 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 the HCPC, the Health Professions Council (HPC) 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

If the name you wish to be included on the HCPC Register differs from the name you qualified in or the name on your identification documents, you will need to provide a **certified** photocopy of the relevant document (eg marriage certificate / deed poll).

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 HCPC 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 your home or work address either during the application process or after you are registered, you must notify us.

Agencies

All correspondence from the HCPC 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 Character and health self declarations / Vetting and Barring schemes

We must check the health and character of everyone that applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action against a registrant if their health and character raises concerns about their ability to practise safely and effectively.

When making decisions about character, we look at whether someone is of 'good character' or whether there is any evidence of past actions which might suggest that the person is not of 'good character'. Evidence that someone might not be of 'good character' could include evidence of untrustworthiness, dishonesty, actions which harmed a service user or a member of the public or actions which might affect the public's confidence in the registered professions.

When we talk about 'health' we mean health conditions which may affect an applicant's fitness to practise. We are not asking whether an applicant is 'healthy'. This is because someone may be unwell or may have a health condition which they manage appropriately but they may still be able to practise their profession safely. We do not need information about any health condition unless it affects your fitness to practise. We recognise that a disability may not be seen as a health condition. So, we only need information about a disability or health condition if it affects your fitness to practise.

Having a disability should not be seen as a barrier to becoming a health and care professional. We have produced guidance for disabled applicants called A disabled person's guide to becoming a health and care professional which you should refer to for more information on this issue.

If you answer 'yes' to any of the questions in this section, please read our brochure Guidance on health and character which can be found on our website at www.hcpc-uk.org/publications

Character

You must declare to us any convictions or police cautions that you have received. Failure to do so may lead to you being removed from the Register.

The Rehabilitation of Offenders Act 1974 does not apply to an application for admission to the HCPC Register so any declaration must include convictions or cautions which are 'spent' under that Act, other than a protected conviction or protected caution.

Some convictions and cautions are 'protected' from disclosure. That protection (which is sometimes referred to as "filtering", as the conviction or caution will be filtered from the information included in any disclosure certificate) is provided by the following Orders:

- in England and Wales: the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975;
- in Scotland: the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013;
- in Northern Ireland: the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979.

A conviction or caution will NOT be protected if it is for a 'listed offence' under one of those Orders. Listed offences include serious violent and sexual offences and offences which are of specific relevance to the safeguarding of children and vulnerable adults. A conviction or caution for a listed offence must always be disclosed to the HCPC.

Further guidance on protected conviction and cautions and listed offences may be found on the following websites:

In England and Wales, the Disclosure and Barring Service:

(www.gov.uk/government/organisations/disclosure-and-barring-service)

In Scotland, Disclosure Scotland: (www.disclosurescotland.co.uk)

In Northern Ireland, AccessNI: (www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks)

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.

Vetting and Barring

Vetting and Barring schemes have been introduced across the UK to make sure that unsuitable individuals are not able to work with children or vulnerable adults.

You must tell us if you have been barred under either the Protection of Vulnerable Groups Act 2006 and / or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with children or vulnerable adults.

Section 4 Practice outside the United Kingdom (UK)

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 at Section 4 of the form.

If you have worked for more than one employer, please photocopy or print off as many copies of this section as you need.

Section 5 Paying your fees

Readmission fee

The fee we ask you to send with your application is called a readmission fee. This is a non-refundable payment of £225 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 removed from the Register less than a month from the date we receive your application.

Registration fee

You must also pay your registration fee at the point you apply for readmission. The registration fee for the two year registration cycle is £180 (£90 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 £90. Payments must be made in UK Sterling and drawn on a bank based in the UK. Please make sure that your payment is made to the account details provided below with the correct reference format. For security reasons, HCPC does not accept cash payments. **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. Please then refer to the set of options in the application form.

Your initial fees must be made by bank transfer; we do not accept direct debit payments for these initial fees. The fees we ask you to pay are called a scrutiny fee and a registration fee. The scrutiny fee is a one off non-refundable payment of £135.

Payments must be made in UK Sterling and drawn on a bank based in the UK. Please make sure that your payment is made to the account details provided below with the correct reference format. We cannot process your application without your initial fees.

Account Name:	Health and Care Professions Council
Sort Code:	20-03-53
Account Number:	60672408
Reference	First 4 characters of your surname – day & month of birth – last 4 digits of your account number.

Reference example: John **Smith** born on **22/09/1988** with account number 1234**5678**.
His reference would be: **smit-2209-5678**

Registration

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

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. If you complete the direct debit mandate, please leave the 'Reference Number' section blank.

Section 6 Declarations

HCPC 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 HCPC Register. If you do this, you may be subject to prosecution.

Professional indemnity

If you are a registrant, you now have to make sure that you have a professional indemnity arrangement in place as a condition of your registration with us. This means the following:

- You must make sure you have a professional indemnity arrangement in place when you practise. This could be an arrangement provided:
 - through your employer if you are employed;
 - as part of membership of a professional body, trade union or defence organisation; or
 - directly from an insurer.

Or, it could be a combination of the above.

- You must make sure that the professional indemnity arrangement you have in place provides appropriate cover. This means that the cover needs to be appropriate to the risks involved in your practise so that enough compensation will be paid if a successful claim is made against you.
- If you are employed, your employer's indemnity arrangements are very likely to provide appropriate cover for the activities that you perform as part of your job.
- If you are self-employed, you will need to make sure that you have put in place your own arrangements for professional indemnity.
- If you carry out both employed and self-employed work, you need to make sure that you have professional indemnity arrangements in place which provide appropriate cover for all parts of your practise.
- If you are registered with us but are not currently practising, you do not need to have a professional indemnity arrangement in place. However, you will need to make sure that you do have this arrangement when you begin to practise.

For further information, please visit www.hcpc-uk.org/registrants/indemnity/

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.hcpc-uk.org or by contacting us directly. Please see page one for our contact details.

Continuing professional development

As a condition of your registration with us, you need to undertake continuing professional development (CPD). Every time you renew your registration, you need to sign to confirm you are undertaking CPD. Whenever your profession renews its registration, a sample of your profession will be randomly selected for audit, to check our CPD standards are being met. To find out more about CPD, our standards and the audit process, please see our 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, you must:

- pay your registration renewal fee;
- renew your registration online; **and**
- if you are randomly selected, submit your CPD audit information.

We will send you more information about renewing your registration around three months before your registration expires.

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 HCPC 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 HCPC's statement of how we apply and comply with the rules contained within the General Data Protection Regulation.

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 HCPC as we may need to contact you regarding your application.

HCPC – Health and Care Professions Council

Health Professions Order 2001 – the legislation that governs the registration process and confers the responsibilities and authority to the HCPC 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, adaptation 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 and Care 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 descendant, 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;
- 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.