

Please ensure that you have included the following documentation with your application. Failure to do so may result in the form being returned to you for completion.

**NO OTHER FORM OF DOCUMENTATION IS ACCEPTABLE TO THE HPC. PLEASE DO NOT INCLUDE ANYTHING OTHER THAN THAT WHICH IS LISTED BELOW.**

PLEASE MARK	For HPC Office Use ONLY
I have enclosed a completed Registration/Readmission form <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a completed Supplementary details form (International applicants) <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a completed Paying your scrutiny fee form <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a completed HPC Character reference form <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a completed HPC Health reference form <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a completed Course information form <input type="checkbox"/>	<input type="checkbox"/>
I have signed and dated the declaration on page 8 of the Registration/Readmission form <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed the £200 scrutiny fee <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a legible photocopy of my education and training certificates* <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a legible photocopy of my passport, national identity card, DVLA/EEA driving licence or EU photo identity card <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a legible photocopy of my birth certificate (or other appropriate evidence) <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed evidence of any name change (if appropriate) e.g. photocopy of marriage certificate <input type="checkbox"/>	<input type="checkbox"/>

If you are able to provide the following documentation in support of your application, please do so:

PLEASE MARK	For HPC Office Use ONLY
I have enclosed a completed HPC Clinical reference form (1) <input type="checkbox"/>	<input type="checkbox"/>
I have enclosed a completed HPC Clinical reference form (2) <input type="checkbox"/>	<input type="checkbox"/>

\* If you do not hold a qualification comparable to a UK approved qualification you may still be eligible for registration. The HPC can take into account any additional training and experience that you have. You should provide evidence to support this. e.g. reference from employer/Institution, certificates.



Please complete this form in **BLOCK CAPITALS** using a black ball point pen. Please attach all documentation and additional sheets using a paper clip **ONLY**.

## SECTION 1 Personal details

1.01 Have you ever applied for registration with the HPC?  Yes  No 1.01

1.02 If you have answered 'yes' please provide details.

REF NOTE 1.02

\_\_\_\_\_

\_\_\_\_\_

1.03 Which one of the following is the basis of your application:

REF NOTE 1.03

- i. An approved qualification or licence to practise awarded in the UK?  Yes  No
- ii. Qualification or Training obtained elsewhere in the EEA?  Yes  No
- iii. Qualification or Training obtained outside of the EEA?  Yes  No
- iv. The transitional provisions (grandparenting) process?  Yes  No

1.04 For which part of the Register do you seek registration? 1.04

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Arts Therapists                                | <input checked="" type="checkbox"/> Medical Laboratory Technicians | <input checked="" type="checkbox"/> Physiotherapists               |
| <input checked="" type="checkbox"/> Chiropodists<br>(Chiropodists and Podiatrists) | <input checked="" type="checkbox"/> (Biomedical Scientists)        | <input checked="" type="checkbox"/> Prosthetists and Orthotists    |
| <input checked="" type="checkbox"/> Clinical Scientists                            | <input checked="" type="checkbox"/> Orthoptists                    | <input checked="" type="checkbox"/> Radiographers                  |
| <input checked="" type="checkbox"/> Dietitians                                     | <input checked="" type="checkbox"/> Occupational Therapists        | <input checked="" type="checkbox"/> Speech and Language Therapists |
|  | <input checked="" type="checkbox"/> Paramedics                     |  |

1.05 If you have selected Arts Therapists, please mark all the boxes that apply to you: 1.05

- Art Therapist  Dramatherapist  Music Therapist

1.06 If you have selected Prosthetists and Orthotists, please mark all the boxes that apply to you: 1.06

- Orthotist  Prosthetist

1.07 If you have selected Radiographers, please mark all the boxes that apply to you: 1.07

- Diagnostic Radiographer  Therapeutic Radiographer


1.08 Have you ever been registered by the HPC?  Yes  No 1.08

1.09 Have you ever been registered under the *Professions Supplementary to Medicine Act 1960*?  Yes  No 1.09

1.10 Are you applying for readmission to the Register?  Yes  No 1.10

1.11 If you are applying for readmission to the Register what was your registration number? L L N N N N N N N N 1.11

1.12 If you are applying for readmission, when did you last practise? from: M M Y Y Y Y to: M M Y Y Y Y 1.12

1.13  Please attach (with glue) a recent photograph here.

For HPC Office Use ONLY	
Application No. <input type="text"/>	Date of registration <input type="text"/>
Date received <input type="text"/>	Trace No. <input type="text"/>
Amount/cheque/card <input type="text"/>	Approved <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Registration No. <input type="text"/>	



## SECTION 2 Character

2.01 Have you included your character reference?

 Yes

 No

REF NOTE 2.01

2.02 Are you a member of a relevant Professional Body/Organisation?

 Yes

 No

REF NOTE 2.02

NAME OF PROFESSIONAL BODY/ORGANISATION OF WHICH YOU ARE A MEMBER	ADDRESS OF PROFESSIONAL BODY/ORGANISATION	COUNTRY	POSTCODE/ZIP CODE	MEMBERSHIP/ REGISTRATION NUMBER	LENGTH OF TIME MEMBERSHIP HAS BEEN HELD (IN YEARS & MONTHS)





## SECTION 5 Education and training cont.

5.27	Qualification/training/experience obtained	<input type="text"/>	5.27
5.28	Date of qualification/training/experience from:	<input type="text"/> DDMMYYYY to: <input type="text"/> DDMMYYYY	5.28
5.29	Name and address of Institution where qualification/training/experience was obtained		5.29
5.30	Institution name	<input type="text"/>	5.30
5.31	Address	<input type="text"/> <input type="text"/>	5.31
5.32	Town/City	<input type="text"/>	5.32
5.33	County/State	<input type="text"/>	5.33
5.34	Postcode/Zip code	<input type="text"/>	5.34
5.35	Country	<input type="text"/>	5.35
5.36	Subjects studied	<input type="text"/> <input type="text"/> <input type="text"/>	5.36
5.37	Details of clinical practice	<input type="text"/> <input type="text"/> <input type="text"/>	5.37
5.38	Method of assessment	<input type="text"/> <input type="text"/> <input type="text"/>	5.38
5.39	Qualification/training/experience obtained	<input type="text"/>	5.39
5.40	Date of qualification/training/experience from:	<input type="text"/> DDMMYYYY to: <input type="text"/> DDMMYYYY	5.40
5.41	Name and address of Institution where qualification/training/experience was obtained		5.41
5.42	Institution name	<input type="text"/>	5.42
5.43	Address	<input type="text"/> <input type="text"/>	5.43
5.44	Town/City	<input type="text"/>	5.44
5.45	County/State	<input type="text"/>	5.45
5.46	Postcode/Zip code	<input type="text"/>	5.46
5.47	Country	<input type="text"/>	5.47
5.48	Subjects studied	<input type="text"/> <input type="text"/> <input type="text"/>	5.48
5.49	Details of clinical practice	<input type="text"/> <input type="text"/> <input type="text"/>	5.49
5.50	Method of assessment	<input type="text"/> <input type="text"/> <input type="text"/>	5.50

You may continue on a separate sheet of paper and append this to your application form indicating the question that it relates to.

**SECTION 6 Proof of practice (transitional provisions (grandparenting) applicants ONLY)**

6.01 Do you hold or have you ever held professional indemnity insurance?

Yes  No

**REF NOTE 6.01**

6.02 If so have any claims been made on your insurance?

Yes  No

6.02

6.03 Have you ever had such insurance refused or altered subject to any increased premiums or loaded terms?

Yes  No

6.03

6.04 If you have answered 'yes' to the above question(s) please provide details.

6.04

Lined area for providing details for question 6.04.

*You may continue on a separate sheet of paper and append this to your application form indicating the question that it relates to.*

## SECTION 7 Declaration of information

**I DECLARE** that I have read, understood and will keep to the HPC's Standards of conduct, performance and ethics.

REF NOTE 7.01

**I UNDERSTAND** the HPC will only use the information provided in performing its functions under the *Health Professions Order 2001* and I authorise accordingly the HPC to process my information.

**I DECLARE** that the information given in this form, and in any supporting documents, is true and accurate.

**I UNDERSTAND** that fraudulently procuring an entry in the HPC register is a criminal offence under Article 39 of the *Health Professions Order 2001*

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## SECTION I1 English language abilities

1.01 Is English your first language?  Yes  No

1.01

1.02 If 'no' what evidence of your proficiency of English have you provided with your application?

REF NOTE 1.02

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## SECTION I2 Clinical Scientist modalities

2.01 If you have selected Clinical Scientist, please mark the modality and sub-modality which applies to you:

REF NOTE 2.01

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Clinical Biochemistry</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Endocrinology</li> <li><input checked="" type="checkbox"/> Immunology</li> <li><input checked="" type="checkbox"/> Paediatric Biochemistry</li> <li><input checked="" type="checkbox"/> Toxicology</li> <li><input checked="" type="checkbox"/> Molecular Biochemistry</li> </ul> </li> <li><input checked="" type="checkbox"/> <b>Clinical Genetics</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Molecular Genetics</li> <li><input checked="" type="checkbox"/> Cytogenetics</li> </ul> </li> <li><input checked="" type="checkbox"/> <b>Medical Physics &amp; Clinical Engineering</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Biomaterials</li> <li><input checked="" type="checkbox"/> Biomedical Engineering</li> <li><input checked="" type="checkbox"/> Computing</li> <li><input checked="" type="checkbox"/> Emerging Technology</li> <li><input checked="" type="checkbox"/> Equipment Management</li> <li><input checked="" type="checkbox"/> Imaging Physics</li> <li><input checked="" type="checkbox"/> Medical Electronics &amp; Instrumentation</li> <li><input checked="" type="checkbox"/> Physiological Measurement Techniques</li> <li><input checked="" type="checkbox"/> Non-ionising Radiation</li> <li><input checked="" type="checkbox"/> Radiation Physics</li> <li><input checked="" type="checkbox"/> Radiation Protection</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Clinical Microbiology</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Bacteriology</li> <li><input checked="" type="checkbox"/> Mycology</li> <li><input checked="" type="checkbox"/> Parasitology</li> <li><input checked="" type="checkbox"/> Virology</li> <li><input checked="" type="checkbox"/> Epidemiology &amp; Statistics</li> <li><input checked="" type="checkbox"/> Reference Microbiology</li> </ul> </li> <li><input checked="" type="checkbox"/> <b>Haematology</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Haemostasis &amp; Thrombosis</li> <li><input checked="" type="checkbox"/> Blood Transfusion</li> <li><input checked="" type="checkbox"/> Haemato-Oncology</li> <li><input checked="" type="checkbox"/> Flow Cytometry</li> <li><input checked="" type="checkbox"/> Red Cell Disorders</li> <li><input checked="" type="checkbox"/> Haematological Genetics</li> </ul> </li> <li><input checked="" type="checkbox"/> <b>Clinical Immunology</b></li> <li><input checked="" type="checkbox"/> <b>Histocompatibility &amp; Immunogenetics</b></li> <li><input checked="" type="checkbox"/> <b>Audiology</b></li> <li><input checked="" type="checkbox"/> <b>Embryology</b></li> <li><input checked="" type="checkbox"/> <b>Clinical Physiology</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Gastro-Intestinal Physiology</li> <li><input checked="" type="checkbox"/> Respiratory Physiology</li> <li><input checked="" type="checkbox"/> Autonomic Vascular Physiology</li> <li><input checked="" type="checkbox"/> Neuro-physiology</li> </ul> </li> </ul> |
|--|---|







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## SECTION I/G1 Type of payment

1.01 Name of applicant 1.01

1.02 Title  Mr  Mrs  Miss  Ms Other  1.02

1.03 Surname/Family name  1.03

1.04 First names  1.04

1.05 The scrutiny fee is £200.00 for all applicants REF NOTE 1.05

1.06 Do you want to pay by: 1.06

Cheque\*

Money order\*

Bankers draft

Credit card/Debit card

## SECTION I/G2 Credit/Debit card payments

2.01 Title  Mr  Mrs  Miss  Ms Other  REF NOTE 2.01

2.02 Cardholders name (as it appears on the card)  2.02

2.03 Card number             2.03

2.04 Type of card  Mastercard  Visa credit  Visa delta  Solo  Electron  American Express  Switch 2.04

2.05 Valid from     2.05

2.06 Expiry date     2.06

2.07 Issue number if supplied     2.07

2.08 Last 3 numbers of security code printed on signature strip    2.08

2.09 Billing address 2.09

2.10 House name/Number  2.10

2.11 Street  2.11

2.12 Town/City  2.12

2.13 Postcode/Zip code  2.13

2.14 County  2.14

2.15 Country  2.15

## SECTION I/G3 Signature

3.01 Signature to confirm that payment is enclosed: REF NOTE 3.01

Signature

Date

\* Cheques and money orders must be in UK pounds sterling and drawn on a UK bank account

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All references must be completed, signed and dated by the referee and returned to the applicant in a sealed envelope.



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Name (PLEASE PRINT)

Practice address

Telephone

Signed

Date

\* *Insert profession*  
 \*\* *Delete as appropriate*

**NOTE: Please ensure that all statements contained in this reference are true to the best of your knowledge, information and belief. Fraudulently procuring the making of a register entry under the Health Professions Order 2001 is a criminal offence.**

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 Website: www.hpc-uk.org



The clinical reference is used to assist the Health Professions Council in deciding whether an 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 responsible for the applicant in a professional way, who is not a relative of the applicant.

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

## THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

1.01	<b>Name of applicant</b>		1.01
1.02	Title <input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms Other	<input type="text"/>	1.02
1.03	Surname/Family name	<input type="text"/>	1.03
1.04	First name	<input type="text"/>	1.04
1.05	Previous names	<input type="text"/>	1.05
1.06	Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		1.06
1.07	Job title/Position	<input type="text"/>	1.07
1.08	<b>Work address</b>		1.08
1.09	Address	<input type="text"/> <input type="text"/>	1.09
1.10	Town/City	<input type="text"/>	1.10
1.11	County/State	<input type="text"/>	1.11
1.12	Postcode/Zip code	<input type="text"/>	1.12
1.13	Country	<input type="text"/>	1.13
1.14	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.14
1.15	Nationality	<input type="text"/>	1.15





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1.04	First name	<input type="text"/>	1.04
1.05	Previous names	<input type="text"/>	1.05
1.06	Gender <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		1.06
1.07	Job title/Position	<input type="text"/>	1.07
1.08	<b>Work address</b>		1.08
1.09	Address	<input type="text"/> <input type="text"/>	1.09
1.10	Town/City	<input type="text"/>	1.10
1.11	County/State	<input type="text"/>	1.11
1.12	Postcode/Zip code	<input type="text"/>	1.12
1.13	Country	<input type="text"/>	1.13
1.14	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.14
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