

**International application for registration** (for applicants who have gained a qualification to practice their profession outside the UK)

 Registration Department  
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 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 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 first name

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	<input type="checkbox"/>
② A 'Paying your scrutiny fee' form with scrutiny fee of £420	<input type="checkbox"/>
③ 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	<input type="checkbox"/>
④ A completed, signed and dated HCPC character reference form	<input type="checkbox"/>
⑤ <b>Certified*</b> copies of two appropriate documents to confirm your identity	<input type="checkbox"/>
⑥ <b>Certified*</b> evidence of any change of name (if applicable)	<input type="checkbox"/>
⑦ A legible <b>certified*</b> copy of your qualification certificate(s) and certified translation (if applicable)	<input type="checkbox"/>
⑧ A certificate of professional status from the regulator in the country where you last practised (if applicable). Applicants wishing to exercise EEA mutual recognition rights, please include the attestation of legal establishment in another EEA state.	<input type="checkbox"/>
⑨ Professional reference(s)	<input type="checkbox"/>
⑩ A legible certified course information form (not a photocopy)	<input type="checkbox"/>
⑪ Background check consent form	<input type="checkbox"/>

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

Please also check that you have <b>not</b> :	<input type="checkbox"/>
① stapled any part of your application (applications are scanned and staples damage the scanner)	<input type="checkbox"/>
② placed your application in a folder, binder or plastic / paper wallet	<input type="checkbox"/>
③ included any original documents	<input type="checkbox"/>
④ included any document or item which you need to be returned (completed application forms remain the property of HCPC)	<input type="checkbox"/>

Your scrutiny fee	Attach a recent passport sized photograph of yourself here. Please do not staple.
<input type="checkbox"/> I enclose a cheque / money order for the amount of £420	
<input type="checkbox"/> I wish to pay by credit / debit card and enclose a 'paying your scrutiny fee' form with my account details.	

For HCPC use only	
Date stamp	Date of registration <input type="text"/>
Amount received £ <input type="text"/> . <input type="text"/>	Registration number <input type="text"/>
Application number <input type="text"/>	Registered by: <input type="text"/>
Application checked by: <input type="text"/>	

## Section 1 Registration details

Have you ever previously applied for registration with the HCPC or the Health Professions Council (HPC)? Yes ☐ No ☐

If yes, please give your application number

### Social workers only

Have you ever been registered, or applied for registration, with the GSCC or the care council in Scotland, Wales or Northern Ireland? Yes ☐ No ☐

If yes, please provide your registration (or application) number

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)
- |  |  |
|--|--|
| <input type="checkbox"/> Art psychotherapist | <input type="checkbox"/> Art therapist   |
| <input type="checkbox"/> Drama therapist     | <input type="checkbox"/> Music therapist |
- ☐ Biomedical scientist
- ☐ Chiropodist / podiatrist
- ☐ Clinical scientist (If you have chosen clinical scientist please cross the box(es) below relevant to you)
- |  |   |
|--|---|
| <input type="checkbox"/> Audiology             | <input type="checkbox"/> Cellular science                         |
| <input type="checkbox"/> Clinical biochemistry | <input type="checkbox"/> Embryology                               |
| <input type="checkbox"/> Clinical genetics     | <input type="checkbox"/> Haematology                              |
| <input type="checkbox"/> Clinical immunology   | <input type="checkbox"/> Histocompatibility and immunogenetics    |
| <input type="checkbox"/> Clinical microbiology | <input type="checkbox"/> Medical physics and clinical engineering |
| <input type="checkbox"/> 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)
- |  |  |
|--|--|
| <input type="checkbox"/> Clinical psychologist           | <input type="checkbox"/> Counselling psychologist  |
| <input type="checkbox"/> Educational psychologist        | <input type="checkbox"/> Forensic psychologist     |
| <input type="checkbox"/> Health psychologist             | <input type="checkbox"/> Occupational psychologist |
| <input type="checkbox"/> Sport and exercise psychologist |  |
- ☐ Prosthetist / orthotist (If you have chosen prosthetist and orthotist please cross the box(es) below relevant to you)
- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Prosthetist | <input type="checkbox"/> Orthotist |
|--------------------------------------|------------------------------------|
- ☐ Radiographer (If you have chosen radiographer please cross the box(es) below relevant to you)
- |  |   |
|--|---|
| <input type="checkbox"/> Diagnostic radiographer | <input type="checkbox"/> Therapeutic radiographer |
|--|---|
- ☐ Social worker
- ☐ Speech and language therapist

## Section 2 Contact details

[illegible][illegible][illegible][illegible][illegible]

☐ Male ☐ Female

## Home contact details

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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

[illegible]

## Work contact details

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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

[illegible]

### Section 3 Regulatory body

Yes ☐ No ☐

The name of the body

[illegible][illegible][illegible]

Yes ☐ No ☐

Your registration / licence number

[illegible][illegible]

Yes ☐ No ☐

**Applicants exercising EEA mutual recognition rights, please include the proof of legal establishment (see guidance note for more information).**

## Section 4 Professional body membership

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

Name of professional body	Contact details including address, email, and website address	Membership number	Date joined	Date membership expired (if applicable)	Length of membership (YYMM)
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..... .....	..... ..... ..... ..... .....	.....	.....	.....	<div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto;"></div>

## Section 5 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, received a police caution or been convicted of a criminal offence for which you received a conditional discharge?

☐

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

☐

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

☐

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

☐

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 ☐ and / or Vulnerable adults ☐

## Section 6 Education and training

Please provide details of your professional education and training (ie your qualification for the profession within which you are seeking registration)

[illegible][illegible][illegible][illegible][illegible][illegible]

Please advise contact details for the course administrator if possible.

[illegible][illegible][illegible][illegible]

If you have gained a further professional qualification relevant to your registration please provide details

[illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible]

Please continue on a separate sheet if necessary.

Please advise contact details for the course administrator if possible.

[illegible][illegible][illegible][illegible]

## 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.

Yes ☐ No ☐

If no, you must provide proof of your English proficiency **unless you are exempt because you are a citizen of a relevant European State.** 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 relevant European State of which you are a citizen (this must be confirmed by a certified photocopy of the relevant page of your passport) or other evidence of citizenship.

.....

Austria	Finland	Liechtenstein	Romania
Belgium	France	Lithuania	Slovakia
Bulgaria	Germany	Luxembourg	Slovenia
Cyprus	Greece	Malta	Spain
Czech Republic	Hungary	The Netherlands	Sweden
Denmark	Iceland	Norway	Switzerland
Ireland	Italy	Poland	United Kingdom
Estonia	Latvia	Portugal	

**Please note: All applicants for the speech and language therapist Part of the Register for whom English is not their first language must provide required language proficiency test result (see guidance notes). This requirement extends to citizens of relevant European states.**

## Section 8 Career history

Please provide a summary of your career history. Please provide this in reverse chronological order with most recent post first.

[illegible][illegible]

Employment start date (DD/MM/YYYY)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
Employment end date (DD/MM/YYYY)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	(leave blank if you are still in this employment)

**Please complete the sections below:**

**That profession / occupation was subject to regulation by the following regulatory body**

[illegible]



[illegible]

## Career history (continued)

Employer's name

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Your job title in English

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Your job title in its original language  
(if applicable)

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Address

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Town / city

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County / state

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Postcode / zipcode

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Country

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Contact name (eg supervisor)

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Job title of contact

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Work telephone number

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Employment start date (DD/MM/YYYY)

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Employment end date (DD/MM/YYYY)

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(leave blank if you are still in this  
employment)

**Please complete the sections below:**

**That profession / occupation was subject to regulation by the following regulatory body**

Name of regulatory body

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Address

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Telephone number

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Email

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Website address

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Your registration number (or equivalent)

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This image shows a full page of a handwriting practice worksheet. It consists of approximately 20 horizontal rows. Each row is defined by two parallel dashed lines, creating a series of uniform gaps for letter height. The lines are evenly spaced across the entire page, providing a guide for consistent letter formation. There is no text or other markings on the page.

## Career history (continued)

Employer's name

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Your job title in English

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Your job title in its original language  
(if applicable)

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Address

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Town / city

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County / state

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Postcode / zipcode

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Country

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Contact name (eg supervisor)

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

Job title of contact

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Work telephone number

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Employment start date (DD/MM/YYYY)

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Employment end date (DD/MM/YYYY)

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(leave blank if you are still in this  
employment)

**Please complete the sections below:**

**That profession / occupation was subject to regulation by the following regulatory body**

Name of regulatory body

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

Address

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

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Telephone number

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Email

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Website address

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Your registration number (or equivalent)

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[illegible]

## Section 9 Professional reference

### Referee's guidance on completing the professional reference form

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

You can complete this reference only if you are or have been responsible for managing or supervising the applicant's professional practice or professional training (eg student internship).

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

The professional reference may be used by the HCPC to verify whether the applicant is a safe and effective professional. A professional reference is to be provided on this form by a person who is or has been responsible for managing or supervising the applicant's professional practice or student internship.

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

### Professional reference form 1

**This section is to be completed by the applicant.**

#### Applicant details

Your title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> other (please specify)	<input type="text"/>
Your first name	<input type="text"/>					
Your surname / family name	<input type="text"/>					
Previous name(s)	<input type="text"/>					
Job title / position in English	<input type="text"/>					
	<input type="text"/>					
Job title / position in its original language (if applicable)	<input type="text"/>					
	<input type="text"/>					

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

Employer's name	<input type="text"/>																							
	<input type="text"/>																							
Address	<input type="text"/>																							
	<input type="text"/>																							
	<input type="text"/>																							
Town / city	<input type="text"/>																							
County / state	<input type="text"/>																							
Postcode / zipcode	<input type="text"/>																							
Country	<input type="text"/>																							
Work telephone number	<input type="text"/>																							
Email	<input type="text"/>																							

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

MrMrsMissMsother (please specify)

Your first name

Your surname / family name

Previous name(s)

Job title / position

Work address (current)

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)?

years   months

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Signed .....

[illegible]



## Section 9 Professional reference (continued)

### Referee's guidance on completing the professional reference form

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

You can complete this reference only if you are or have been responsible for managing or supervising the applicant's professional practice or professional training (ie student internship).

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

The professional reference may be used by the HCPC to verify whether the applicant is a safe and effective professional. A professional reference is to be provided on this form by a person who is or has been responsible for managing or supervising the applicant's professional practice or student internship.

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

### Professional reference form 2

**This section is to be completed by the applicant.**

#### Applicant details

Your title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> other (please specify)	<input type="text"/>
Your first name	<input type="text"/>					
Your surname / family name	<input type="text"/>					
Previous name(s)	<input type="text"/>					
Job title / position in English	<input type="text"/>					
	<input type="text"/>					
Job title / position in its original language (if applicable)	<input type="text"/>					
	<input type="text"/>					

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

Employer's name	<input type="text"/>																							
	<input type="text"/>																							
Address	<input type="text"/>																							
	<input type="text"/>																							
	<input type="text"/>																							
Town / city	<input type="text"/>																							
County / state	<input type="text"/>																							
Postcode / zipcode	<input type="text"/>																							
Country	<input type="text"/>																							
Work telephone number	<input type="text"/>																							
Email	<input type="text"/>																							

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 name

Previous name(s)

Job title / position

Work address (current)

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)?

years   months

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Signed .....

[illegible]

## Section 10 Paying your scrutiny fee

**Payment for this application only** – include only the scrutiny fee for this application (payment for multiple applications unfortunately cannot be accepted and may result in the applications being returned to you).

I wish to pay by (please cross appropriate box)

Cheque	<input type="checkbox"/>	(payable to <b>Health and Care Professions Council</b> )
British postal order	<input type="checkbox"/>	
Money order	<input type="checkbox"/>	
Bankers draft	<input type="checkbox"/>	
Debit card	<input type="checkbox"/>	
Credit card	<input type="checkbox"/>	

Amount **£ 420.00**

If you have chosen to pay by debit or credit card please complete the section below

Cardholder's signature .....

Date (DD/MM/YYYY)

### HCPC USE ONLY

Advisor taking payment .....

Date taken (DD/MM/YYYY)

Authorisation code

Application number **A A**

Cardholder's name

Card number

Valid from (MM/YY)     Expires on (MM/YY)

Security code (the last 3 digits of the number on the signature strip - see diagram below)



Issue number (if applicable)

## Section 11 Declaration of information

- **I declare** that I have read, understood and will comply with the HCPC'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 HCPC may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes set out in that statement and the HCPC's requirements for continuing professional development (CPD). I understand that my consent is not required for the HCPC to undertake the processing required by the Health and Social Work Professions Order 2001.
- **I consent** to the HCPC processing my personal data for the purposes set out in the information statement which are not required by the Health and Social Work Professions Order 2001. I understand that I may withdraw my consent to the HCPC processing my personal data for any marketing purposes by writing to the HCPC informing it that I am withdrawing that consent.
- **I understand** that fraudulently procuring an entry in the HCPC Register is a criminal offence under article 39 of the Health and Social Work Professions Order 2001.
- **I agree** to pay the fees for my registration using the option chosen by me in Section 10.
- **I consent** to the HCPC 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 HCPC to assist with the evaluation of my application providing the HCPC with any information held by that person in respect of me that the HCPC may request.
- **I confirm** that the information I have provided in this form is correct.

Date (DD/MM/YYYY)

Signature .....

Print name

## Section 12 Character reference

**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 and Social Work Professions Order 2001 an applicant must satisfy the HCPC 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 and Care Professions Council (HCPC).

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. 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 or officer;
- judge, magistrate or other judicial official;
- minister of the Church, Rabbi, Imam or other recognised religious official;
- member of a parliament or other legislative body;
- serving officer in HM Armed Forces; or
- teacher or lecturer.

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 +44 (0)845 300 4472 or +44 (0)20 7582 5460.

**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 and Social Work Professions Order 2001 an applicant must satisfy the HCPC 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	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Profession in English	<input type="text"/>
Profession in its original language (if applicable)	<input type="text"/>

### Referee details

Name	<input type="text"/>
Occupation	<input type="text"/>
If you are a member of a professional or regulatory body, please provide its name and your membership / registration number	
<input type="text"/>	
<input type="text"/>	
Practice or business address	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>
Email address	<input type="text"/>
Please state capacity in which you know the applicant (do not leave blank)	
<input type="text"/>	
<input type="text"/>	

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

The HCPC 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 HCPC processes your personal data as disclosed in this reference for the purpose of administering the application to which it is attached. The HCPC 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)     Signature .....

## Section 13 Background check consent form

### Applicant details

Name	<input type="text"/>
Profession	<input type="text"/>

### Notes for applicants

Rule 5(1) of the Health and Care Professions Council (Registration and Fees) Rules 2003 authorises the HCPC to seek additional information about a registration applicant from any person or source it considers appropriate, for the purpose of satisfying itself as to the good character of that applicant.

As your application may be subject to such further backgrounds checks, please provide the information and consent requested below and include this Consent Form with your application.

### Consent to background checks

In making my application for HCPC registration:

1. I understand that, in order to verify the accuracy of the information I have provided, the HCPC may undertake further background checks including verifying the information I have given, conducting background enquiries and asking for, and checking my employment, qualifications and personal, academic and employer references.
2. I agree that:
  - (1) the HCPC may undertake such background checks as it considers appropriate for the purpose of establishing that I am of good character;
  - (2) the HCPC has appointed Kroll Background Worldwide Limited (Kroll) as its agent to carry out the checks on its behalf and may appoint such other agents as it sees fit to carry out such checks;
  - (3) the recipient of any inquiries made as part of such checks may release information about me which they hold and which is relevant to a request for information made by or on behalf of the HCPC;
  - (4) my personal data may be given to:
    - my referees and any other persons or bodies identified in my application;
    - regulatory bodies, law enforcement agencies and prosecuting authorities, both in the UK and in other jurisdictions; and
    - such other third parties as the HCPC considers appropriate;

and that, for the purpose of conducting background checks, the HCPC, Kroll and any other agent appointed by the HCPC may transfer my personal data outside of the European Economic Area to be processed and stored in any appropriate format. I also agree that such data may be passed to Kroll Group Companies, both within and outside the EEA, for the purpose of conducting such background checks.

3. I confirm that the information I have provided in my application is true and accurate and understand that, if I have made a false declaration or provided any false information or documents in support of my application, the HCPC may withhold my registration and I may be liable to prosecution under Article 39 of the Health and Social Work Professions Order 2001.

Signature ..... Date (DD/MM/YYYY)

Print Name

Please sign your signature so that it matches the signature on your passport or identity card. If your first language is not composed of characters from the Latin alphabet (ABC etc), please also provide your usual signature and name using characters from your first language in the boxes below:

Signature .....

Print name



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

☎ +44 (0)845 300 4472 or +44 (0)20 7582 5460

🌐 [www.hcpc-uk.org](http://www.hcpc-uk.org)

✉ [registration@hcpc-uk.org](mailto: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.

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- About registration
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- Meeting our standards
- Protected titles

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### 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 and professional skills. We publish a Register of health and care professionals who meet our standards.

We currently regulate 16 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
- Social workers in England
- Speech and language therapists

### How we are run

We are governed by legislation called the Health and Social Work 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 and Social Work Professions Order.

### About registration

Health and care 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 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 and 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 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 apply to each 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
Social workers	Social worker
Speech and language therapists	Speech and language therapist Speech therapist

### Applying through the international application process

The international application form is for those who do not hold an approved UK qualification but have gained their professional qualification outside of the United Kingdom (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.

**Please do not send us original documents unless otherwise specified.**

### Sending us your application

Please send your application when you are ready to start practising your profession and / or using the protected title(s).

### 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, 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 HCPC. 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, HCPC 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.

If your application is approved, we will contact you to ask you to pay a registration fee. Once this fee has been received and processed, you will be allocated a registration number and your name will appear on the HCPC online Register. The online Register is available to view on our website at [www.hcpc-uk.org](http://www.hcpc-uk.org). This is the best way for you to check you are registered and for your employer to verify your registration status.

### 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:

- 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 or 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 valid driving licence;
- current benefit book or card or original notification letter from the appropriate government department;
- marriage or 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.

The Health and Care Professions Council (Registration and Fees) Rules 2003 authorises the HCPC to seek additional information about a registration applicant from any person or source it considers appropriate, for the purpose of satisfying itself as to the good character of that applicant. As your application may be subject to such further background checks, please complete and return the background check consent form in section 13 of the application pack.

## 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.

## 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 completed application forms are the property of HCPC and should be returned to us. Please do not send us documents which you would like to be returned to you.
- Please read the checklist carefully and provide all the appropriate items / documents.
- Please make sure your contact details are kept up to date.
- All references and the declaration of information must be dated within six months of the date your application is received by HCPC.
- We will process your application and endeavour to 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.

## Application process overview

All applications are checked in HCPC's offices for completeness; once they are deemed to be complete they are ready to be assessed by registration assessors (members of the relevant profession).

The assessment is based on the standards of proficiency for each profession.

The assessors pass their recommendations to the Education and Training Committee who make the decision on your application.

The HCPC also conducts verification checks to confirm an applicant's professional experience, education and training.

## Two types of international applications: EEA and International

Applicants who are citizens of, and fully qualified to practise in, another relevant European State may have **mutual recognition rights** under EU Directive 2005/36/EU.

The relevant European states are the members of the European Union (EU), European Economic Area (EEA) and Switzerland:

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.

To assert your mutual recognition rights you must show that you are a citizen of another relevant European State or an exempt person (by providing a certified copy of your passport or other relevant documentation) and establish that you are fully qualified to practise in another relevant European State (for example, by providing the proof of legal establishment to practice in another European State).

We refer to those exercising mutual recognition rights as '**EEA applicants**'.

We refer to those who do not hold mutual recognition rights as '**International applicants**'.



### 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 subject to payment of your registration fee;
- 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 - not full address);
- registration status; and
- annotation (if applicable).

### Providing further verification

If a decision cannot be made based on your application, you may be asked to provide further verification to support your application for registration.

### International applicants

#### Test of competence

If a decision cannot be made based on your application, you may be asked to undertake a test of competence. A test of competence may cover any of the following for the purposes of determining whether you are proficient in relation to:

- knowledge and understanding of the nature and ethical basis of your profession;
- understanding the key concepts of the bodies of knowledge relevant to your profession;
- assessment, before and during the provision of professional services\* and the preparation of case histories or exemplars;
- the selection of appropriate professional services\*;
- the delivery of professional services\*, the evaluation of the response to them and their effectiveness;
- giving advice concerning any professional services\*;
- communication with service users, other professionals and other service providers, which may include assessment of the need for referrals or second opinions; and
- record keeping.

\*For this purpose 'professional services' means any treatment, therapy, consultation, intervention or other provision of services.

A test of competence may be conducted as an oral or written test (or both) and may include a test requiring a practical demonstration. A test of competence will be conducted by assessors who will be registered practitioners from the same part of the Register.



## **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 final 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 HCPC's character and health requirements.

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.

## **EEA applicants**

### **Adaptation period and aptitude test**

Those applicants with mutual recognition rights may be asked to undergo an adaptation period in case they do not meet all the standards of proficiency relevant to their profession at the point of application. They may also choose to take an aptitude test in place of their recommended adaptation period.

## **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.

## **The appeals process**

If your application is refused, rejected or you are asked to undergo an adaptation period 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.

## 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 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).

### Social workers only

The GSCC is the General Social Care Council, which was the regulator of the social work profession and education in England until 1 August 2012. The other three UK care councils are the Scottish Social Services Council (SSSC), the Care Council for Wales (CCW) and the Northern Ireland Social Care Council (NISCC) in Scotland, Wales and Northern Ireland respectively. If you have ever been registered or applied for registration with any of the above councils, please tell us:

- your registration (or application) number;
- when you applied (an approximate date if you cannot remember exactly); 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 and Social Work 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 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 if it is relevant to your profession. Members of the public will be able to see on our Register the approximate geographical area in which you practise. 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 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 Regulatory body membership**

If your profession is regulated in the jurisdiction where you currently live or work you should enter the details of your registration here. A distinction should be made between a regulatory body and a professional body. You can enter details of membership of any professional body in Section 4.

Section 3 should be used to inform us of any registration you may currently (or most recently) have with a regulatory body. Please tell us the title under which you are registered in the original language. If you have been registered with a number of regulatory bodies in the past please complete the details in Section 8 (career history) of the application form relating to each position you have held.

If your profession is not currently regulated in your home jurisdiction it will not affect your application. Your application will be assessed on whether or not you meet our standards of proficiency. Similarly, if you are registered with another regulatory body their standards may be different from ours and therefore it does not guarantee that you will be accepted for registration with HCPC. You must still demonstrate that you meet the HCPC standards of proficiency.

Applicants exercising mutual recognition rights should provide a certified attestation of legal establishment to practice in another EEA state.

### **Section 4 Professional body membership**

If you are a member of any professional body please enter the details in Section 4 of the application form.

### **Section 5 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](http://www.hcpc-uk.org/publications)

#### **Character**

The professions regulated by the HCPC 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.

## 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 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 and care 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 details of the theoretical and practical content of the courses you have successfully undertaken. The course information form is not in your application pack, but is available on the HCPC website as a Microsoft Word file. The form must be downloaded and sent to your training institution or university as an email attachment. Alternatively direct them to the HCPC website: [www.hcpc-uk.org/apply/international/forms/](http://www.hcpc-uk.org/apply/international/forms/)

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 theoretical and practical 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.

Please provide contact details for course administrator / leader. This will help us conduct necessary verification checks.

## Section 7 Language proficiency

Each registrant must be confident that they can communicate effectively in English in order to meet our standards of proficiency unless you are exempt because you are a citizen of a relevant European State.

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, unless you are exempt as explained below.

Applicants whose first language is not English and who are required to provide a language test certificate as evidence of their proficiency must ensure that it is, or is comparable to, IELTS level 7.0 with no element below 6.5.

Please note that from the 1st April 2012 the HCPC will only accept the following tests and scores:

LANGUAGE TEST	SPEECH AND LANGUAGE THERAPISTS*	ALL OTHER PROFESSIONS
INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS)	8.0 with no element below 7.5	7.0 with no element below 6.5
TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) Internet Based Test (IBT)	Minimum score of 118/120	Minimum score of 100/120

\* Speech and language therapists: this Standard applies to both EEA and International applicants. This requirement is higher for speech and language therapists than for all other professions, as communication in English is a core professional skill (see 1b.3 of the standards of proficiency).

All other previously accepted tests will no longer be considered.

### Exemption from language proficiency test

If you are a citizen of a relevant European State you are exempt from providing proof of English language proficiency, unless you are applying for registration as a **speech and language therapist**. However, if you are admitted to the register, you must meet the standards of proficiency for your profession, which include a requirement to be able to communicate in English to an appropriate level.

### Citizenship of relevant European State

To be exempt from providing proof of English language competence you must provide evidence that you are a citizen of a relevant European State. This will usually be a **certified** copy of your passport or a **certified** copy of your national identity card.

### Relevant European Status

The relevant European States are:

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 are of a relevant European State 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 on additional sheet of paper.

## Section 9 Professional reference(s)

You must provide us with **at least one professional reference** in order for us to assess your application'.

The professional 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 professional reference form(s) and additional sheets as necessary.

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

### Important points

- The professional reference must be completed on a HCPC professional 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 professional 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 that if you provide fraudulent references you may be prosecuted.

### After you have obtained your professional reference

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



## Section 10 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 non-refundable 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	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
Social workers in England	1 December – 30 November
Speech and language therapists	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 and Care 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 11 Declaration of information

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 will be subject to prosecution.

## Section 12 Character reference

Before being registered under the Health and Social Work Professions Order 2001 an applicant must satisfy the HCPC 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 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 or 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 standing in the community please contact us.

### **Important points**

- The character reference must be completed on a HCPC 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 that 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 professional reference and send it in to us with the rest of your application.

## **Section 13 Background check consent form**

### **All applicants must sign and return a background check consent form**

Your registration will be subject to verification of background information entailing investigative reports and references from employers, academic and professional bodies. The information you provide in your application may be verified and comprehensive background enquiries may be undertaken by the HCPC and / or the HCPC's agents and their representatives. The information may be used outside of the European Economic Area if appropriate. The information you provide may be disclosed to referees, government bodies and such other third parties as may be reasonably necessary. Please note that fraudulently procuring an entry in the HCPC Register is a criminal offence under article 39 of the Health and Social Work Professions Order 2001.



### 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](http://www.hcpc-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 (2012 for hearing aid dispensers, 2013 for practitioner psychologists and 2014 for social workers), 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, 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.

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

### Refugee applications

You do not have to pay the application scrutiny fee if you have been granted refugee status or given leave to enter or remain in the United Kingdom on humanitarian protection grounds.

You will need to send us with your application a letter from the UK Border Agency that confirms you have refugee or humanitarian protection status.

You must provide us with as much information as possible with your application. If you are unable to provide all of the information needed (for example, because documents have been destroyed or you cannot obtain them), you must include a letter which explains why you cannot provide it.

Please call the Registration Department between 8am – 6pm (UK time) Monday to Friday on +44 (0)845 300 4472 or +44 (0)20 7582 5460.

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](http://www.rose.nhs.uk)

### Subject information statement

The Health and Care Professions Council (HCPC) 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 HCPC and any subsequent renewals;
- maintaining and publishing the health and care professions Register;
- undertaking regulatory activities for the purposes of the Health and Social Work Professions Order 2001;
- 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 and care professions Register;
- transferring your personal data to professional advisors and other third parties involved with the regulation of health and care 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 HCPC;
- marketing the activities of the HCPC;
- 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 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 HCPC.

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.

## **Sensitive personal data**

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

In some circumstances, the HCPC will process your sensitive personal data. We are required to hold such sensitive personal data by the Health and Social Work 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 HCPC 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;
- 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**

The HCPC 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**

The HCPC 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 HCPC to process your personal data and you withdraw consent to process your personal data this will not necessarily mean that HCPC ceases to process your personal data as the HCPC keeps personal data on registrants for their lifetime.

## **Sharing your information**

In some circumstances the HCPC may be required by law to share sensitive personal data about you to a third party. Otherwise the HCPC does not share sensitive personal data outside of the HCPC 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 HCPC 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 HCPC.

## **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 HCPC when this is required for business purposes.

**Notification**

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

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

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

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

**HCPC** – Health and Care Professions Council

**Health and Social Work 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, 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 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 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),

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.