

**2003 No. 1572**

**HEALTH CARE AND ASSOCIATED PROFESSIONS  
HEALTH PROFESSIONS**

**The Health Professions Council (Registration and Fees)  
Rules Order of Council 2003**

<i>Made</i> - - - -	<i>13th June 2003</i>
<i>Laid before Parliament</i>	<i>17th June 2003</i>
<i>Coming into force</i>	<i>9th July 2003</i>

At the Council Chamber, Whitehall, the 13th day of June 2003

By the Lords of Her Majesty's Most Honourable Privy Council

Whereas in exercise of the powers conferred on it by articles 5(2)(b), 7, 9(2), 10, 11, 12(1)(c)(iii), 33 and 41(2) of the Health Professions Order 2001<sup>(a)</sup>, and of all other powers enabling it in that behalf, the Health Professions Council has made the Health Professions Council (Registration and Fees) Rules 2003 as set out in the Schedule to this Order:

And whereas by articles 41(1) and 42 of the Health Professions Order 2001 such Rules shall not come into force until approved by order of the Privy Council:

Now, therefore, Their Lordships, having taken the Rules into consideration, are pleased to, and do hereby, approve them.

This Order may be cited as the Health Professions Council (Registration and Fees) Rules Order of Council 2003 and shall come into force on 9th July 2003.

*A. K. Galloway*  
Clerk of the Privy Council

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<sup>(a)</sup> S.I. 2002/254.

## SCHEDULE

### THE HEALTH PROFESSIONS COUNCIL (REGISTRATION AND FEES) RULES 2003

The Health Professions Council, in exercise of its powers under articles 5(2)(b), 7, 9(2), 10, 11, 12(1)(c)(iii), 33 and 41(2) of the Health Professions Order 2001(a) and of all other powers enabling it in that behalf and following consultation in accordance with articles 5(2)(a), 7(1), 7(3) and 41(3) of that Order, hereby makes the following Rules:

#### Citation and commencement

1. These Rules may be cited as the Health Professions Council (Registration and Fees) Rules 2003 and shall come into force on 9th July 2003.

#### Interpretation

2. In these Rules—

“Committee” means the Education and Training Committee of the Council;

“competent authority” shall be construed in accordance with regulation 2 of the European Communities (Recognition of Professional Qualifications) Regulations 1991(b) or regulation 8 of the European Communities (Recognition of Professional Qualifications) (Second General System) Regulations 2002(c) as appropriate;

“doctor” means a registered medical practitioner;

“home relevant State” means the relevant State (within the meaning of the European Communities (Recognition of Professional Qualifications) Regulations 1991 or the European Communities (Recognition of Professional Qualifications) (Second General System) Regulations 2002 as appropriate) from which, as the case requires, the applicant originates or comes or in which the applicant formerly qualified in, or practised, the profession to which his application relates;

“the Order” means the Health Professions Order 2001;

“relative”, in relation to any person, means—

(a) his spouse;

(b) any lineal ancestor, lineal descendant, brother, sister, aunt, uncle, nephew, niece, or first cousin, of his or of his spouse; or

(c) the spouse of any relative mentioned in paragraph (b),

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

#### The Register

3.—(1) There shall be entered in the register against the full name of each registrant—

(a) his registration number;

(b) his last known home address; and

(c) any qualification of the registrant which has led to his registration.

(2) The home address of a registrant shall not be included in any published version of the register without his consent.

(3) The entries for registrants in each part of the register shall appear in the alphabetical order of their surnames.

(4) The Registrar may enter on the register any other information which is material to a registrant’s registration.

(5) The Registrar shall keep the register in a form and manner which guards against falsification and shall take all reasonable steps to ensure that only he and such persons as have

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(a) S.I. 2002/254.

(b) S.I. 1991/824 as amended by S.I. 2000/1960, 2002/880 and 2002/3051.

(c) S.I. 2002/2934.

been authorised by him in writing for the purpose shall be able to amend the register or have access to the version of the register which contains entries which are not included in the published version of the register.

#### **Applications for registration**

- 4.—(1) An application for admission to a part of the register shall be—
- (a) made in writing on the form specified in Schedule 1;
  - (b) signed by the applicant;
  - (c) accompanied by—
    - (i) the registration fee prescribed in rule 14, and
    - (ii) if the applicant is relying on article 12(1)(c) of the Order or seeking to be treated as satisfying the requirements of article 9(2)(a) of the Order by virtue of article 13 of the Order, the scrutiny fee prescribed by rule 17; and
  - (d) sent or given to the Registrar.
- (2) The applicant shall provide in connection with the application for registration—
- (a) subject to paragraph (3), a reference as to the good character of the applicant given on the form specified in Schedule 3 by a person who—
    - (i) is not a relative of the applicant,
    - (ii) is a person of standing in the community which includes a registered professional, doctor, solicitor, accountant, bank manager, Justice of the Peace, principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution, Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council, and
    - (iii) has known the applicant for a period of at least three years;
  - (b) subject to paragraphs (4) and (5), a reference as to the physical and mental health of the applicant given on the form specified in Schedule 4 by the applicant’s doctor provided he—
    - (i) is not a relative of the applicant, and
    - (ii) has been the applicant’s doctor (or in the case of a general practitioner is a partner in the practice of the doctor of whom the applicant has been a patient) for a period of at least three years ending on the date on which the reference is given;
  - (c) one of the following—
    - (i) the document which confers an approved qualification on the applicant or other evidence demonstrating that the applicant holds an approved qualification,
    - (ii) where the applicant is relying on article 12(1)(b) of the Order, the certificate or other document issued by a competent authority of his home relevant State attesting to the applicant’s qualifications and, where appropriate, experience in respect of the profession to which his application relates, or
    - (iii) where his application is made under article 13 of the Order, such documents, information or evidence as the Committee may reasonably require for the purposes of determining whether by virtue of that article the applicant is to be treated as satisfying the requirements of article 9(2)(a) of the Order, including evidence that he holds the qualification on which he relies in making his application and information as to whether he has been a member of a professional body or has had professional indemnity insurance; and
  - (d) such other documents, information or evidence as the Committee may reasonably require for the purposes of verifying the information in and determining the application.
- (3) Where the applicant is relying on article 12(1)(b) of the Order he may provide, in place of the character reference referred to in paragraph (2)(a)—

- (a) a document issued by the competent authority of his home relevant State attesting to the applicant's good character and confirming that he has not been suspended or prohibited from practising the profession to which his application relates because of professional misconduct or the commission of a criminal offence; or
  - (b) where the competent authority does not issue such documents, a declaration on oath or solemn declaration attesting to and confirming the matters required by that competent authority to be attested to or confirmed under sub-paragraph (a):
    - (i) made by the applicant before a competent judicial or administrative authority or (where appropriate) a notary or qualified professional body of his home relevant State, and
    - (ii) authenticated by a certificate issued by the authority, notary or body.
- (4) Where the applicant is relying on article 12(1)(b) of the Order he shall provide—
- (a) the document attesting to his physical or mental health required by the competent authority of his home relevant State which regulates the profession to which his application relates; or
  - (b) where such a document is not required, the reference referred to in paragraph (2)(b).
- (5) Where the Committee is satisfied that the applicant cannot provide a health reference in the terms provided by paragraph (2)(b) or (4), the Committee may permit an applicant to provide evidence of his physical and mental health—
- (a) by a reference given by a doctor who, in giving the reference, relies on the medical records of the applicant made by another doctor of whom the applicant has been a patient and which relate to a period of at least three years ending on the date on which the reference is given;
  - (b) by an examination by a doctor nominated by the Committee; or
  - (c) by such other manner as the Committee considers appropriate in a particular case.

#### **Other conditions of registration**

5.—(1) For the purpose of satisfying itself as to the good character of the applicant, the Committee shall have regard to—

- (a) the character reference provided under rule 4(2)(a) or (3);
- (b) any conviction or caution which the applicant has received in the United Kingdom for a criminal offence or a conviction received elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence;
- (c) any determination by a body responsible for regulating or licensing a health or social care profession to the effect that the applicant's fitness to practise is impaired; and
- (d) any other matters which, in the opinion of the Committee, appear to be relevant to the issue,

and for this purpose the Committee may seek information additional to that provided with the application for registration from any person or source as it considers appropriate.

(2) For the purpose of being satisfied as to the physical and mental health of the applicant, the Committee shall have regard to—

- (a) the health reference or other evidence provided under rule 4(2)(b), (4) or (5); and
- (b) such other matters as appear to it to be relevant,

and for this purpose the Committee may seek information additional to that provided with the application for registration from the applicant and from any other person or source as it considers appropriate and may require the applicant to be examined or further examined by a doctor nominated by the Committee.

#### **Prescribed periods for additional education and training requirements**

6.—(1) The prescribed period for the purposes of article 9(2)(a)(i) of the Order is five years (period within which a qualification must have been awarded).

(2) The prescribed period for the purposes of article 10(2)(c) of the Order is two years (period for which a person must have practised since his first registration or latest renewal of registration).

### **Knowledge of the English language**

7. The Committee may require an applicant who is not an EEA national exercising an enforceable Community right or exempt person to produce evidence that he has sufficient knowledge of spoken and written English to enable him to practise as a registered professional in the United Kingdom safely and competently.

### **Certificates**

8.—(1) The Registrar shall, upon entering the name of a person in the register, issue to that registrant a certificate, in a form determined by the Council, which includes the part of the register in which he is registered, any designated title he may use and the date of registration.

(2) Any certificate issued in accordance with paragraph (1) shall remain the property of the Council and shall be surrendered to the Registrar by the person if—

- (a) a striking off order is made against him;
- (b) his name is removed from the register; or
- (c) for any other reason, the certificate no longer accurately reflects his entry in the register.

(3) Where any certificate is surrendered by a registrant in accordance with paragraph (2)(c) the Registrar shall issue a replacement certificate to that registrant which accurately reflects his entry in the register.

### **Amendments to register**

9.—(1) A registrant shall notify the Registrar in writing within one month of any change in the registrant's name or home address as given in the register.

(2) The Registrar shall amend the register, so far as may be necessary—

- (a) in consequence of any notification under paragraph (1);
- (b) to give effect to any order made by a Practice Committee under Part V of the Order;
- (c) to give effect to any decision on appeal under article 37 or 38 of the Order; and
- (d) to reflect any other information which comes to the attention of the Registrar and which in the Registrar's opinion requires such an amendment to be made in order to maintain the register's accuracy.

(3) Before making any amendment under paragraph (2)(a) or (d) the Registrar may make such further enquiries or require such further evidence from the registrant concerned as appears to the Registrar to be appropriate.

### **Registration period**

10.—(1) A person's registration period is to be determined in accordance with this rule.

(2) The first registration period of a person who, on the date of the coming into force of the first order made by the Privy Council under article 6 of the Order, is transferred to the register from a register maintained under the 1960 Act will end on the date that his last renewal of registration under the 1960 Act would have expired.

(3) Except as provided for in paragraph (2), a person's first registration period shall begin on the day on which he is first registered in respect of the profession concerned and shall end in the second calendar year after the year in which he was so registered on the date shown in column 2 of Schedule 5 opposite the part of the register shown in column 1 of Schedule 5 in which he is registered.

(4) In respect of any registrant, subject to paragraph (5), a registration period subsequent to the first registration period as determined in accordance with paragraph (2) or (3) shall begin on the day after the previous registration period ends and shall be of two years duration.

(5) If a person's name is removed from the register and he is thereafter readmitted or restored to the register, his registration period shall begin on the day on which he is readmitted or restored

and shall end in the second calendar year after the year in which he was readmitted or restored on the date shown in column 2 of Schedule 5 opposite the part of the register shown in column 1 of Schedule 5 in which he is registered.

### **Renewal of registration**

**11.**—(1) Not less than 42 days before his registration period ends the Committee shall send to a registrant—

- (a) an application for the renewal of his registration in the form specified in Schedule 2;
- (b) notice of the renewal fee prescribed in rule 15; and
- (c) a notice warning the registrant that unless a completed application form accompanied by the renewal fee is received by the Committee on or before the date specified in the notice, the registrant is liable to be removed from the register.

(2) If an application accompanied by the renewal fee is not received by the Committee by the date specified in the notice sent under paragraph (1)(c) the Committee shall send a final notice to the registrant warning that unless his application and fee are received within 14 days (beginning with the day on which the Committee sent the final notice) the registrant's name may be removed from the register, and if no such application and payment is made the Committee may direct the Registrar to remove the registrant from the register on the expiry of the 14 days or, if later, when the registrant's registration period has ended.

(3) Any form, warning or notice to be given by the Committee to a registrant under this rule may be sent by post to the home address of the registrant as it appears in the register and shall be treated as sent at the time of its posting.

### **Application for removal from the register**

**12.**—(1) Without prejudice to any other power of the Registrar to remove a registrant's name from the register, the Registrar may remove the name of a registrant from the register upon written application made by or on behalf of that registrant.

(2) An application for the removal of a name from the register shall be made in writing and shall be accompanied by a declaration that the registrant concerned is not aware of any matter which could give rise to an allegation against him under article 22 of the Order.

(3) The Registrar may not remove the name of a registrant from the register under this rule if the registrant is subject to any allegation, investigation, proceedings or order of a kind mentioned in rule 13(5).

### **Lapse of registration**

**13.**—(1) Where in accordance with article 10(3) of the Order, the Committee renews a registrant's registration subject to a condition that he satisfies a specified requirement of article 10(2)(b) or (c) of the Order within a specified time, the Committee shall inform the registrant at the time it renews his registration that he must, before the expiry of the specified time, confirm in writing that he has complied with the condition and provide evidence which satisfies the Committee that he has done so.

(2) If, by the expiry of the specified time, the Committee—

- (a) does not receive the written confirmation and evidence; or
- (b) is not satisfied that the registrant has complied with the condition,

it shall send a notice to the registrant stating that, unless before the end of the period of 14 days beginning with the day on which the Committee sent the notice he provides the confirmation and evidence that he has complied with the condition his name will be removed from the register.

(3) If the written confirmation and evidence are not received or the Committee is not satisfied that the registrant has complied with the specified condition within the specified time, the Committee shall instruct the Registrar to remove the registrant's name from the register.

(4) Where the Committee instructs the Registrar to remove a registrant's name from the register in accordance with paragraph (3) the Committee shall send him a notice informing him of that fact and advising him of his right of appeal under article 37 of the Order.

(5) A person's registration shall not lapse and his name shall not be removed from the register under article 10(3) or 11 of the Order if that person—

- (a) is the subject of an allegation under article 22(1) of the Order (or is treated as if he were the subject of an allegation under article 22(6) of the Order) or is the subject of any investigation or proceedings under Part V or VI of the Order, on the grounds only that he has not paid the prescribed fee or has failed to apply for renewal in the prescribed form or within the prescribed time; or
- (b) is the subject of a suspension order, conditions of practice order, interim suspension order or interim conditions of practice order.

### **Registration fee**

14.—(1) Subject to paragraph (2) the fee to be charged for registration following an application for registration is—

- (a) in respect of the first registration period (as determined in accordance with rule 10(3)), where the applicant applies less than one year after the date on which he was first awarded an approved qualification, £60; and
- (b) in all other cases, £120.

(2) A person who, on the date of the coming into force of the first order made by the Privy Council under article 6 of the Order, is transferred to the register from a register maintained under the 1960 Act and whose first registration period is determined in accordance with rule 10(2) shall not be liable to pay a registration fee in respect of that first registration period.

### **Renewal and readmission fee**

15. The fee to be charged for renewal of registration or for readmission to the register is £120.

### **Restoration fee**

16. The fee to be charged for restoring an entry in the register is £120.

### **Scrutiny fee**

17.—(1) The fee to be charged for scrutinising an application for registration where the applicant is relying on article 12(1)(c), or is seeking to be treated as satisfying the requirements of article 9(2)(a) by virtue of article 13, of the Order is £200.

(2) The scrutiny fee shall be paid at the time an application for registration to which it applies is made.

### **Payment of fees**

18.—(1) Subject to paragraph (2) the Registrar shall not include a person's name in the register on an application for registration, readmission or restoration or, except as provided in rule 11, renew an entry in the register relating to any person, unless he has paid the prescribed registration fee, readmission fee, restoration fee or renewal fee.

(2) A person may, with the agreement of the Registrar, elect to pay any registration fee, readmission fee, restoration fee or renewal fee in four six-monthly instalments by direct debit and in that event—

- (a) the Registrar may make, renew or restore a register entry once the first instalment of that fee has been paid by direct debit; and
- (b) references in these Rules to an application being accompanied by any such fee shall be construed as if they were references to the application being accompanied by a direct debit mandate in respect of those fees.

(3) Where—

- (a) it has been agreed in accordance with paragraph (2) that any fee is to be paid in instalments by direct debit; and
- (b) following the payment of the first instalment and the making, renewal or restoration of a register entry, a subsequent payment is not made by the date on which it is due,

the Registrar shall send a notice to the registrant stating that, if payment is not received within 14 days (beginning with the day on which the Registrar sent the notice) the registrant's name may be

removed from the register, and if no such payment is made, the Registrar may remove the registrant's name from the register.

(4) A person who satisfies the Council that he has retired from the practice of his profession, leaving unused his registration for a complete year of a registration period, shall, on written application to the Council, be given a refund of half the fee paid by him in respect of that registration period.

Sealed with the common seal of the Health Professions Council on 6th June 2003.



*Norma Brook*  
President

*Marc Seale*  
Registrar



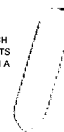
# SCHEDULE 1

## Application Form for Admission to the Register



### Registration/Readmission Form

PLEASE ATTACH ALL DOCUMENTS TO FORM WITH A PAPERCLIP



**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 Your 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 XX 1.02

1.03 Which one of the following is the basis of your application: REF NOTE XX 1.03

i. An approved qualification or licence to practice 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 type="checkbox"/> Arts Therapists	<input type="checkbox"/> Medical Laboratory Technicians	<input type="checkbox"/> Physiotherapists
<input type="checkbox"/> Chiropodists (Chiropodists and Podiatrists)	<input type="checkbox"/> (Biomedical Scientists)	<input type="checkbox"/> Prosthetists and Orthotists
<input type="checkbox"/> Clinical Scientists	<input type="checkbox"/> Orthoptists	<input type="checkbox"/> Radiographers
<input type="checkbox"/> Dietitians	<input type="checkbox"/> Occupational Therapists	<input type="checkbox"/> Speech and Language Therapists
	<input 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? 1.11

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

1.13 1.13

Please staple a recent photograph here.

Registration No. \_\_\_\_\_ Date of registration \_\_\_\_\_

Application No. \_\_\_\_\_ Trace No. \_\_\_\_\_

Date received \_\_\_\_\_ Approved  Yes  No

Amount/cheque/card \_\_\_\_\_

For HPC Office Use ONLY

**SECTION 1 Personal Details** cont.

1.14	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other	1.14
1.15	Surname/Family name						1.15
1.16	First name						1.16
1.17	Previous names						1.17
1.18	Date of birth						1.18
1.19	Nationality						1.19
1.20	Place and country of birth						1.20
1.21	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				1.21
1.22	Are you currently working in the NHS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				1.22
1.23	If you answered 'no', do you intend to work for the NHS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				1.23
1.24	Do you intend to work, or are you, working in private practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				1.24
1.25	Do you intend to work, or are you, working independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				1.25
1.26	Home address (This will not be available to the public)						1.26
1.27	Street						1.27
1.28	Town/City						1.28
1.29	Postcode/Zip code						1.29
1.30	County						1.30
1.31	Country						1.31
1.32	Home telephone number (including STD code)						1.32
1.33	Home fax number (including STD code)						1.33
1.34	Mobile telephone number						1.34
1.35	Email address						1.35
1.36	Work address - if known (The approximate location of this address will be available to the public)					REF NOTE XX	1.36
1.37	Organisation						1.37
1.38	Department/Unit						1.38
1.39	Street						1.39
1.40	Town/City						1.40
1.41	Postcode/Zip code						1.41
1.42	County						1.42
1.43	Country						1.43
1.44	Work telephone number (including STD code)						1.44
1.45	National Insurance Number						1.45
1.46	Are you registered to practise in this or any other country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				1.46
1.47	If you have answered 'yes' to the above question please state details						1.47
1.48	Country						1.48
1.49	Regulatory/Professional Body						1.48
1.50	Registration Number						1.49
1.51	When were you registered to practice?	from:		to:			1.50

## SECTION 2 Character

- 2.01 Have you included your character reference?  
 Yes  No
- 2.02 Are you a member of a relevant Professional Body/Organisation?  
 Yes  No

2.01  
2.02

REF NOTE XX

LENGTH OF  
TIME MEMBERSHIP  
HAS BEEN HELD  
(IN MONTHS & YEARS)

MEMBERSHIP/  
REGISTRATION  
NUMBER

POSTCODE/ZIP CODE

COUNTRY

ADDRESS OF  
PROFESSIONAL BODY/ORGANIZATION

NAME OF PROFESSIONAL BODY/ORGANISATION  
OF WHICH YOU ARE A MEMBER

### SECTION 3 Legal and Disciplinary Proceedings

- 3.01 Have you ever been convicted of a criminal offence in the UK or elsewhere? **REF NOTE XX**  Yes  No 3.01
- 3.02 Have you ever been disciplined by a professional or regulatory body in the UK or elsewhere?  Yes  No 3.02
- 3.03 Have you ever had civil proceedings brought against you in the UK or elsewhere?  Yes  No 3.03
- 3.04 *If you have answered 'yes' to questions 3.2 to 3.4 please provide details.* 3.04

### SECTION 4 Health Declaration

- 4.01 Have you included your health reference? **REF NOTE XX**  Yes  No 4.01
- 4.02 Are you suffering from any condition that may impair your ability to practise?  Yes  No 4.02
- 4.03 *If you have answered 'yes' to the above question(s) please provide details.* 4.03

## SECTION 5 Education and Training

5.01 What professional qualification have you obtained?	REF NOTE XX	5.01
5.02 Date of professional qualification from: to:		5.02
5.03 Name and address of Institution where professional qualification was obtained?	REF NOTE XX	5.03
5.04 Institution name		5.04
5.05 Street		5.05
5.06 Town/City		5.06
5.07 Postcode/Zip code		5.07
5.08 County		5.08
5.09 Country		5.09
5.10 If you are aware of Institution name change please state new name		5.10
5.11 Subjects studied		5.11
5.12 Details of clinical practice		5.12
5.13 Method of assessment		5.13
5.14 Please give details of any other professional qualifications/training in reverse chronological order (i.e. most recent first)	REF NOTE XX	5.14
5.15 Qualification/training/experience obtained		5.15
5.16 Date of qualification/training/experience from: to:		5.16
5.17 Name and address of Institution where qualification/training/experience was obtained		5.17
5.18 Institution name		5.18
5.19 Street		5.19
5.20 Town/City		5.20
5.21 Postcode/Zip code		5.21
5.22 County		5.22
5.23 Country		5.23
5.24 Subjects studied		5.24
5.25 Details of clinical practice		5.25
5.26 Method of assessment		5.26

## SECTION 5 Education and Training *cont.*

5.27	Qualification/training/experience obtained	5.27
5.28	Date of qualification/training/experience from: to:	5.28
5.29	<b>Name and address of Institution where qualification/training/experience was obtained</b>	5.29
5.30	Institution name	5.30
5.31	Street	5.31
5.32	Town/City	5.32
5.33	Postcode/Zip code	5.33
5.34	County	5.34
5.35	Country	5.35
5.36	Subjects studied	5.36
5.37	Details of clinical practice	5.37
5.38	Method of assessment	5.38
5.40	Qualification/training/experience obtained	5.40
5.39	Date of qualification/training/experience from: to:	5.39
5.41	<b>Name and address of Institution where qualification/training/experience was obtained</b>	5.41
5.42	Institution name	5.42
5.43	Street	5.43
5.44	Town/City	5.44
5.45	Postcode/Zip code	5.45
5.46	County	5.46
5.47	Country	5.47
5.48	Subjects studied	5.48
5.49	Details of clinical practice	5.49
5.50	Method of assessment	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?                                    | REF NOTE XX | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6.01 |
| 6.02 If so have any claims been made on your insurance?   |             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6.02 |
| 6.03 Have you ever had such insurance refused or altered subject to any increased premiums or loaded terms? |             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6.03 |
| 6.04 If you have answered 'yes' to the above question(s) please provide details.                            |             |                              |                             | 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 XX

**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.

REF NOTE XX

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

REF NOTE XX

**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

### DISCLAIMER

**We will try to process your application as quickly as possible and, once it has been considered, we will notify you of our decision in writing. In the meantime, you should not enter into any arrangements or incur any expenses which depend upon your application being approved. We accept no liability for any loss or expense you may incur. Please note that it is a criminal offence to falsely represent that you are registered with the Health Professions Council. It is also a crime to use a professional title protected by the *Health Professions Order 2001* to which you are not entitled.**

This form and supplementary information is the property of HPC.  
Please return your completed forms and any additional information to:



Registration Department  
The Health Professions Council  
Park House, 184 Kennington Park Road, London SE11 4BU  
International/grandparenting: [ t ] +44 (0)20 7840 9804 UK: [ t ] +44 (0)20 7840 9802  
[ f ] +44 (0)20 7820 9684  
International: [ e ] international@hpc-uk.org Grandparenting: [ e ] grandparenting@hpc-uk.org  
Registration: [ e ] registration@hpc-uk.org  
[ w ] [www.hpc-uk.org](http://www.hpc-uk.org)



## SCHEDULE 2

### Application Form for Renewal of Registration



## REGISTRATION RENEWAL FORM

Please complete form and send to:  
The Registration Department, HPC, Park House,  
184 Kennington Park Road, London SE11 4BU

Your name

Your registration number

Latest payment date

Balance brought forward

Renewal fee

Amount payable

Please select one of the following payment methods:

Cheque  Money/Postal order  Direct debit

#### I CONFIRM THAT:

- I continue to meet the HPC's standards of proficiency for the safe and effective practice of my profession
- there have been no changes to my health or relating to my good character which I have not advised HPC about and which would affect my safe and effective practice of my profession
- I have met the HPC's continuing professional development requirements which apply to me.

#### I HAVE:

- continued to practise my profession since my last registration; OR
- not practised my profession since my last registration but have met the HPC's additional education, training or experience requirements which apply to me.\*

\* delete as applicable

**YOU WILL NOT BE REGISTERED IF YOU CANNOT SIGN THIS DECLARATION. IF YOU CANNOT SIGN THIS DECLARATION, YOU SHOULD CONTACT THE REGISTRAR IN WRITING, EXPLAINING YOUR CIRCUMSTANCES.**

I declare that the information provided by me is true and accurate and understand that fraudulently procuring an entry in the HPC register is a criminal offence under Article 39 of the *Health Professions Order 2001*.

Signed

Date



### Instruction to your Bank or Building Society to pay by Direct Debit

Please complete form in **BLOCK CAPITALS** using a black ball point pen and send to:  
Registration Department, The Health Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU



Name and full postal address of your Bank or Building Society

To the Manager

Address

Postcode

Name(s) of Account Holder(s)

Bank/Building Society Account No.

Branch Sort Code

Originator's Identification Number

9 5 2 2 8 8

Registration Number

#### Instructions to your Bank/Building Society

Please pay HPC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

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

I understand that this instruction may remain with HPC and, if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

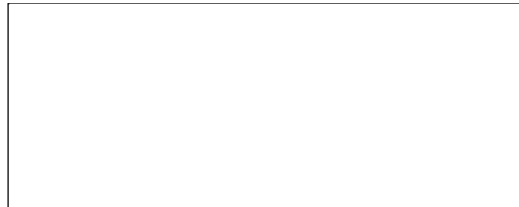
Banks and Building Societies may not accept Direct Debit Instructions for some types of account

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER

### The Direct Debit Guarantee



This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment date changes HPC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by HPC or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



**Your Personal Details**

Under Rule 9 of the HPC (Registration and Fees) Rules 2003, you must make sure that the personal details we have for you are kept up-to-date. If your details have changed from these printed below, please complete the enclosed form and return in the envelope provided to: UK Registration Department, The Health Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU

## GUIDANCE FOR REGISTRANTS RENEWING THEIR REGISTRATION

### Paying your Renewal Fee

The renewal fee is £60 per year but will be collected once every two years. This means that we can only accept payment in either of the following ways:

- i) £120 cheque/money order/postal order
- ii) £60 cheque plus a completed direct debit instruction for future payment
- iii) A completed direct debit instruction for four installments of £30 once every six months

### Direct Debit

You may pay by Direct Debit if you hold a bank/building society account in the UK only. Direct Debit Instruction (DDI) must be returned to us no later than xx/xx/xxxx in order for it to be activated and sent to your bank.

The first claim will be made shortly after receipt of the DDI and six monthly thereafter. The amounts and dates are variable.

### Cheques/Postal Orders/Money Orders

- Your remittance should be crossed and made payable to Health Professions Council or HPC.
- Please write your name and registration number clearly on the reverse side of your payment.
- Please do not post-date payments.
- Attach your payment to the form using a paperclip.
- Payment must be made in UK Sterling and drawn on a bank based in the UK.
- Please allow at least 5 working days for your payment to arrive (10 days if sending from overseas).
- Your payment should be sent together with the original notice in the envelope provided to:  
UK Registration Department  
The Health Professional Council  
Park House  
184 Kennington Park Road  
London SE11 4BU  
United Kingdom

### Non-payment

If you do not pay us by the date shown on the front of this form you will be sent a final notice and you will have about two more weeks to make payment. If you still have not paid us after that time, your name will be removed from the register without notice. You will then be required to submit a separate application for the reinstatement of your name to the register. If you find yourself in this situation you should notify your employer immediately

and contact the UK Registration Department. Alternatively, re-admission forms may be downloaded from our website at [www.hpc-uk.org](http://www.hpc-uk.org)

### Accuracy of Information Held by HPC

Under Rule 9 of the HPC (Registration and Fees) Rules 2003, you must make sure that the personal details we have for you are kept up-to-date. If your details have changed from these printed below, please complete the enclosed form and return in the envelope provided to: UK Registration Department, The Health Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU

### Address Details

The legal registered address we have for you is your home address. This is not published on the publicly available register but it is required by the HPC for all correspondence. The work address you give should be also your main place of work if known. This is also held on the register. The public will be able to see the approximate geographical area in which a registrant practises (eg. Guildford, GU4). If you have not provided us with your work or home address, please complete the enclosed form and return to us with your payment/DDI. If you are unsure as to the address we have for you on the publicly available register, you can check via our website: [www.hpc-uk.org](http://www.hpc-uk.org)

### Name Changes

All name changes should be notified to the HPC and substantiated with appropriate documentary evidence (eg. marriage certificate).

### Enquiries

If you have a question about registration or this guidance, please contact the UK Registration Department on our lo-call number



UK Registration Department  
The Health Professions Council  
Park House, 184 Kennington Park Road, London SE11 4BU  
Lo-call number (if calling from UK) 0845 3004 472  
Direct Dial: +44 (0)20 7840 9802 Fax: +44 (0)20 7840 9801  
Email: [registration@hpc-uk.org](mailto:registration@hpc-uk.org) Website: [www.hpc-uk.org](http://www.hpc-uk.org)



## CHANGE OF PERSONAL/CONTACT DETAILS

Please complete this form in **BLOCK CAPITALS** using a black ball point pen.

### YOUR PERSONAL DETAILS

- |      |  |  |      |
|------|--|--|------|
| 1.1  | Registration Number  |  | 1.1  |
| 1.2  | Title  | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other | 1.2  |
| 1.3  | Surname/Family name  |  | 1.3  |
| 1.4  | First names  |  | 1.4  |
| 1.5  | Previous names   |  | 1.5  |
| 1.6  | Date of birth  |  | 1.6  |
| 1.7  | Nationality  |  | 1.7  |
| 1.8  | Home address (This will not be available to the public)  |  | 1.8  |
| 1.9  | Street   |  | 1.9  |
| 1.10 | Town/City  |  | 1.10 |
| 1.11 | Postcode/Zip code  |  | 1.11 |
| 1.12 | County   |  | 1.12 |
| 1.13 | Country  |  | 1.13 |
| 1.14 | Work address if known (The approximate location of this address will be available to the public) |  | 1.14 |
| 1.15 | Organisation   |  | 1.15 |
| 1.16 | Department/Unit  |  | 1.16 |
| 1.17 | Street   |  | 1.17 |
| 1.18 | Town/City  |  | 1.18 |
| 1.19 | Postcode/Zip code  |  | 1.19 |
| 1.20 | County   |  | 1.20 |
| 1.21 | Country  |  | 1.21 |
| 1.22 | Home telephone number (including STD code)   |  | 1.22 |
| 1.23 | Work telephone number (including STD code)   |  | 1.23 |
| 1.24 | Mobile telephone number (including STD code)   |  | 1.24 |
| 1.25 | Email  |  | 1.25 |



UK Registration Department The Health Professions Council Park House, 184 Kennington Park Road, London SE11 4BU  
Lo-call number (if calling from UK) 0845 3004 472 Direct Dial: +44 020 7840 9802 Fax: +44 020 7840 9801  
Email: [registration@hpc-uk.org](mailto:registration@hpc-uk.org) Website: [www.hpc-uk.org](http://www.hpc-uk.org)

**SCHEDULE 3**

rule 4(2)(a)

**Character Reference Form**

**Health Professions Order 2001**

Before being registered under the Health Professions Order 2001 an applicant must satisfy the Health Professions Council that he or she is of good character. A reference as to the applicant’s character is to be provided on this form by a person of professional standing in the community. This includes a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, Justice of the Peace, principal of the institution which granted the applicant an approved qualification or a person authorised to provide character references by the principal of that institution, Minister of the Church, Rabbi, Imam or other religious official acceptable to the Council, who is not a relative† of the applicant and who has known the applicant for at least three years.

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

Name of applicant: .....

I have known the above named person for ..... years and I know of no reason why he/she should not practise as a .....\* with honesty and integrity.

Any additional information:

Name (please print):

Occupation:

Practice or Business address:

Telephone:

Please state in what capacity the applicant is known to you:

Signed:

Date:

NOTICE: 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.

\*insert profession of applicant

†the term “relative” is broadly defined by The Health Professions Council (Registration and Fees) Rules 2003 as follows:

“relative”, in relation to any person, means—

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

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

Health Reference Form

Health Professions Order 2001

Before being registered under the Health Professions Order 2001 an applicant must satisfy the Health Professions Council that he or she is of good health. A reference as to the applicant's health is to be provided on this form by a registered medical practitioner who is not a relative† of the applicant and who has either been the applicant's doctor for at least the past three years or who has examined the applicant's medical records made by a doctor who has been the applicant's doctor for that period.

A reference may be provided based on the registered medical practitioner's personal knowledge at the time the application is made without carrying out a formal health examination. However, the Council may require the applicant (at his or her own expense) to undergo such an examination in order to provide satisfactory evidence of good mental and physical health.

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

Name of applicant: .....

§ I have been the applicant's doctor for the last years and am satisfied he/she is of good health both physically and mentally. I am not aware of any circumstances which would affect the his/her capacity to practise as a .....\*.

§ I have examined the medical records of the applicant made by a registered medical practitioner who was the applicant's doctor for at least the last three years and am satisfied that there appears to be no medical reason which would affect his/her capacity to practise as a .....\*.

Any additional information:

Name (please print):

Practice address:

Telephone:

Signed:

Date:

NOTICE: 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.

§ delete as appropriate

\*insert profession of applicant

†the term "relative" is broadly defined by The Health Professions Council (Registration and Fees) Rules 2003 as follows:

"relative", in relation to any person, means—

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

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

## SCHEDULE 5

rule 10

### Registration Period

<b>Column 1</b> <b>Part of Register</b>	<b>COLUMN 2</b> <b>End of registration period</b>
Arts Therapists: Music, Drama or Art	31st May
Chiropodists (Chiropodists and Podiatrists)	31st July
Clinical Scientists	30th September
Dietitians	30th June
Medical Laboratory Technicians (Biomedical Scientists)	30th November
Occupational Therapists	31st October
Orthoptists	31st August
Paramedics	31st August
Physiotherapists	30th April
Prosthetists and Orthotists	30th September
Radiographers: Diagnostic or Therapeutic	28th February
Speech and Language Therapists	30th September

## **EXPLANATORY NOTE**

*(This note is not part of the Order)*

This Order, which is made under the Health Professions Order 2001, approves Rules made by the Health Professions Council in respect of the form of the register it maintains of members of the professions to which the Health Professions Order applies, and the requirements to be satisfied, and the fees to be paid, in connection with applications for inclusion in the register.

**£4.00**

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