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STATUTORY INSTRUMENTS

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**2004 No. 2524**

**HEALTH CARE AND  
ASSOCIATED PROFESSIONS**

**HEALTH PROFESSIONS**

**The Health Professions Council (Registration and  
Fees) (Amendment) Rules Order of Council 2004**

*Made - - - - 20th September 2004*  
*Laid before Parliament 27th September 2004*  
*Coming into force - - 18th October 2004*

At the Council Chamber, Whitehall, the 20th day of September 2004  
By the Lords of Her Majesty's Most Honourable Privy Council

Whereas in exercise of the powers conferred on it by articles 7(1), 7(2), 33(7) and 41(2) of the Health Professions Order 2001<sup>(1)</sup>, and of all other powers enabling it in that behalf, the Health Professions Council has made the Health Professions Council (Registration and Fees) (Amendment) Rules 2004 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) (Amendment) Rules Order of Council 2004 and shall come into force on 18th October 2004.

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

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THE HEALTH  
PROFESSIONS COUNCIL  
(REGISTRATION AND FEES)  
(AMENDMENT) RULES 2004

The Health Professions Council, in exercise of its powers under articles 7(1), 7(2), 33(7) and 41(2) of the Health Professions Order 2001<sup>(2)</sup> and of all other powers enabling it in that behalf and following consultation in accordance with articles 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) (Amendment) Rules 2004 and shall come into force on 18th October 2004.

**Interpretation**

2. In these Rules “the principal Rules” means the Health Professions Council (Registration and Fees) Rules 2003<sup>(3)</sup>.

**Amendments to the principal Rules**

3.—(1) In rule 4 of the principal Rules (application for registration)—

- (a) in paragraph (1), at the beginning insert “Subject to paragraph (1A),”;
- (b) in paragraph (1)(c)(ii), for “article 12(1)(c)” substitute “article 12(1)(b) or (c)”;
- (c) after paragraph (1) insert—

“(1A) The Registrar may accept an application for registration which is not made in accordance with paragraphs (1)(a) and (b) if the applicant has—

- (a) submitted by electronic means to the Registrar the information which he would be required to provide if the application was submitted in writing on the form specified in Schedule 1 and has included with that information an attestation as to its accuracy; and
- (b) complied with all of the other requirements of this rule which apply to him.”.

(2) In rule 10 of the principal Rules (registration period)—

- (a) in paragraph (3), for “in the second calendar year after the year in which he was so registered on” substitute “on the next occurrence of”;
- (b) in paragraph (4)—
  - (i) leave out “as determined in accordance with paragraph (2) or (3)”, and
  - (ii) for “be of two years duration” substitute “end on the next occurrence of 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”;
- (c) in paragraph (5), for “in the second calendar year after the year in which he was readmitted or restored on” substitute “on the next occurrence of”.

(3) After rule 16 of the principal Rules (restoration fee) insert—

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(2) S.I. 2002/254.  
(3) S.I. 2003/1572.

**“Reduced Fees**

**16A.—**(1) A person whose registration period, as determined in accordance with rule 10(3) or (5), is not more than one year shall only be liable to pay half the registration fee, readmission fee or restoration fee which he would otherwise be liable to pay under rule 14, 15 or 16 in respect of that registration period.

(2) The Council may—

(a) waive payment of or reduce any fee or part of a fee otherwise payable under these Rules; or

(b) refund the whole or part of any fee paid under these Rules.”.

(4) In rule 17 of the principal Rules (scrutiny fee) for “article 12(1)(c)” substitute “article 12(1)(b) or (c)”.

(5) For Schedule 1 to the principal Rules (application form for admission to the register) substitute the Schedule 1 set out in Schedule 1 to these Rules.

(6) For Schedule 5 to the principal Rules (registration period) substitute the Schedule 5 set out in Schedule 2 to these Rules.

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SCHEDULE 1

Rule 3(5)

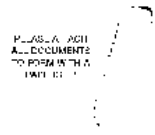
“SCHEDULE 1

Rule 4(1)(a)

APPLICATION FORM FOR ADMISSION TO THE REGISTER



Registration/Readmission form



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

**SECTION 1** Personal details

1.01 Have you ever applied for registration with the HPC?  Yes  No 1.01  
 1.02 If you have answered 'yes' please provide details. REF NOTE 1.02

1.03 Which one of the following is the basis of your application: REF NOTE 1.03  
 i. An approved qualification or licence to practise awarded in the UK?  Yes  No  
 ii. Qualification or Training obtained elsewhere in the EEA?  Yes  No  
 iii. Qualification or Training obtained outside of the EEA?  Yes  No  
 iv. The transitional provisions (grandparenting) process?  Yes  No

1.04 For which part of the Register do you seek registration? 1.04  
 Arts Therapists  Orthoptists  Radiographers  
 Chiropodists (Chiropodists and Podiatrists)  Occupational Therapists  Speech and Language Therapists  
 Clinical Scientists  Physiotherapists  Paramedics  
 Dietitians  Prosthetists and Orthotists  
 Medical Laboratory Technicians (Biomedical Scientists)

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 For HPC Office Use ONLY 1.13

Please attach (with glue) a recent photograph here with your name and date of birth on the back of the photograph.

Surname  
 First names  
 Application No.  
 Date received  
 Registration No.  
 Date of registration  
 Amount/cheque/card  
 Approved  Yes  No  
 NI  EEA  GPA  GPB

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**SECTION 1** Personal details *cont.*

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

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**SECTION 2** Character

2.01 Have you included your character reference?

Yes  No

REF NOTE 2.01

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

Yes  No

REF NOTE 2.02

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

ADDRESS OF  
PROFESSIONAL BODY/ORGANISATION

COUNTRY

POSTCODE/ZIP CODE

MEMBERSHIP/  
REGISTRATION  
NUMBER

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

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### SECTION 3 Legal and disciplinary proceedings

- 3.01 Have you ever been convicted of a criminal offence in the UK or elsewhere?  Yes  No **REF NOTE 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 the above question(s) please provide details. **3.04**

### SECTION 4 Health declaration

- 4.01 Have you included your health reference?  Yes  No **REF NOTE 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 question 4.02 please provide details. **4.03**

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**SECTION 5 Education and training**

5.01 What professional qualification have you obtained?	<b>REF NOTE 5.01</b>	
5.02 Date of professional qualification from: to:		5.02
5.03 Name and address of Institution where professional qualification was obtained	<b>REF NOTE 5.03</b>	
5.04 Institution name		5.04
5.05 Address		5.05
5.06 Town/City		5.06
5.07 County/State		5.07
5.08 Postcode/Zip code		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	<b>REF NOTE 5.11</b>	
5.12 Details of clinical practice	<b>REF NOTE 5.12</b>	
5.13 Method of assessment	<b>REF NOTE 5.13</b>	
5.14 Please give details of any other professional qualifications/training in reverse chronological order (i.e. most recent first)	<b>REF NOTE 5.14</b>	
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 Address		5.19
5.20 Town/City		5.20
5.21 County/State		5.21
5.22 Postcode/Zip code		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



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## SECTION 5 Education and training cont.

5.27 <b>Qualification/training/experience obtained</b>	5.27
5.28 <b>Date of qualification/training/experience</b> 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 Address	5.31
5.32 Town/City	5.32
5.33 County/State	5.33
5.34 Postcode/Zip code	5.34
5.35 Country	5.35
5.36 <b>Subjects studied</b>	5.36
5.37 <b>Details of clinical practice</b>	5.37
5.38 <b>Method of assessment</b>	5.38
5.39 <b>Qualification/training/experience obtained</b>	5.39
5.40 <b>Date of qualification/training/experience</b> from: to:	5.40
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 Address	5.43
5.44 Town/City	5.44
5.45 County/State	5.45
5.46 Postcode/Zip code	5.46
5.47 Country	5.47
5.48 <b>Subjects studied</b>	5.48
5.49 <b>Details of clinical practice</b>	5.49
5.50 <b>Method of assessment</b>	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.

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

- |   |  |                      |
|---|--|----------------------|
| 6.01 Do you hold or have you ever held professional indemnity insurance?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>REF NOTE 6.01</b> |
| 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.*

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## SECTION 7 Declaration of information

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

REF NOTE 7.01

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

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

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

Signature

Date

### 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 the HPC.  
Please return your completed forms and any additional information to:



The Health Professions Council  
Park House, 184 Kennington Park Road, London SE11 4BL

#### UK Registrations

Lo-call number (if calling from UK) 0845 3004 472  
Direct dial: +44 (0)20 7840 8800  
Fax: +44 (0)20 7840 8801  
Email: registration@hpc-uk.org

#### International/Grandparenting Registrations

Lo-call number (if calling from UK) 0845 3004 790  
Direct dial: +44 (0)20 7840 8804  
Fax: +44 (0)20 7840 8803  
International email: international@hpc-uk.org  
Grandparenting email: grandparenting@hpc-uk.org  
Website: www.hpc-uk.org

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SCHEDULE 2

Rule 3(6)

“SCHEDULE 5

Rule 10(3) to (5)

REGISTRATION PERIOD

<i>Column 1</i>	<i>Column 2</i>
Part of Register	End of Registration period
Arts Therapists: Music, Drama or Art	31st May in an even numbered year
Biomedical Scientists	30th November in an odd numbered year
Chiropodists and Podiatrists	31st July in an even numbered year
Clinical Scientists	30th September in an odd numbered year
Dietitians	30th June in an even numbered year
Occupational Therapists	31st October in an odd numbered year
Operating Department Practitioners	30th November in an even numbered year
Orthoptists	31st August in an odd numbered year
Paramedics	31st August in an odd numbered year
Physiotherapists	30th April in an even numbered year
Prosthetists and Orthotists	30th September in an odd numbered year
Radiographers: Diagnostic or Therapeutic	28th February in an even numbered year
Speech and Language Therapists	30th September in an odd numbered year”

Sealed with the common seal of the Health Professions Council on 14th September 2004.

L.S.

*Norma Brook*  
President

*Marc Seale*  
Registrar

**EXPLANATORY NOTE**

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

This Order, which is made under the Health Professions Order 2001 (“the Order”), approves Rules made by the Health Professions Council which amend the Health Professions Council

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(Registration and Fees) Rules 2003 (as Scheduled to S.I.2003/1572). They provide for an application for registration to be made electronically. Secondly, they amend the way in which a registration period is calculated. Thirdly, they provide for a scrutiny fee to be paid by an applicant relying on article 12(1)(b) of the Order (EEA nationals who have qualifications to which the European Communities (Recognition of Professional Qualifications) Regulations 1991 or the European Communities (Recognition of Professional Qualifications) (Second General System) Regulations 1996)). Fourthly, they provide for a reduced fee to be paid in specified circumstances and give the Council a discretion to waive or reduce any fee or part of any fee and to refund the whole or any part of a fee paid under the Rules. Finally, they make minor amendments to the application form for admission to the register.