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|  | **APPLICATION FOR INCLUSION IN THE REGISTER OF REGISTERED HEALTH PROFESSIONALS ORDINANCE 2006 (AS AMENDED)\_** |  |
| **1** | **SURNAME**....................................................................**PREVIOUS SURNAME(S)**...................................................  **FORENAMES**.................................................................................................................................................................  **PROFESSION & QUALIFICATIONS, DEGREES**  …………………………………………….............................................................................................................  **ARE YOU AN INDEPENDENT OR SUPPLEMENTARY PRESCRIBER? YES □ NO □**  **IF YES, PLEASE SPECIFY EITHER INDEPENDENT □ OR SUPPLEMENTARY □**    **UK PROFESSIONAL BODY**……………………………………………………………………………………………**…..**  **DATE OF BIRTH**........................................................**EMAIL ADDRESS**....................................................................  **CURRENT ADDRESS**.................................................................................................................................................................  ........................................................................................................................................................................................ |  |
| **2** | The expiry date of your current period of registration with your UK Professional Body is :-  Day Month Year   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   My Pin number is   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   Revalidation Date (if applicable)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |     Qualification/Part....................................  Name of Confirmer or Revalidation Officer……………………………………………………………………………………………. |  |
|  | **HAVE YOU ANY CONDITIONS IMPOSED BY YOUR UK PROFESSIONAL BODY** (If yes please include a  copy of the conditions)  Yes No   The following information relates to matters in The Bailiwick of Guernsey, and any other country including but not exclusively, Jersey, Isle of Man, the UK & NI, whether or not you have practiced there.  Please tick yes or no to all questions in this section  1. Have you ever been the subject of an investigation regarding Yes No  any matter relating to fraud, where the outcome was adverse?  2. Have you ever been the subject of an investigation by any licensing, Yes No  regulatory or other body into your professional conduct anywhere in  the world where the finding was adverse?  3. Have you ever been the subject of an investigation by any current or Yes No  former employer into your professional conduct or performance  anywhere in the world where the finding was adverse?  4. Have you any criminal convictions in The Bailiwick of Guernsey or the Yes No  United Kingdom?  **To the best of your knowledge are you currently:**  5. subject to an investigation into, or proceedings regarding your Yes No  professional conduct by any licensing, regulatory or other body,  including any investigation into, or proceedings regarding any matter relating to fraud?  6. subject to an investigation into, or disciplinary proceedings regarding Yes No  your professional conduct by an employer?  7. subject to an investigation or proceedings which might lead to you Yes No  being convicted of an offence in The Bailiwick of Guernsey, or to a  conviction elsewhere if the act , if committed in The Bailiwick of Guernsey,  would be an offence in The Bailiwick of Guernsey? |  |
|  | If you have answered **Yes** to any of the aforementioned questions, please provide details, including approximate dates, of where any investigation or proceedings were or are to be brought, the nature of the investigation or proceedings, and any outcome, below:  (please use additional paper if required, ensuring all pages are signed)   |  | | --- | |  | |  |
|  | **INFORMATION REQUIRED FOR REGISTRATION TO WORK IN THE BAILIWICK OF GUERNSEY** |  |
|  | **EMPLOYMENT**  **NAME OF EMPLOYER…………………………………………………………………………………………………**  **JOB TITLE………………………………………………………………………………………………………………..**  **BUSINESS ADDRESS…………………………………………………………………………………………………..**  **……………………………………………………………………………………………………………………………..**  **WORK EMAIL…………………………………………………….CONTACT NUMBER……………………………………..**  **OTHER CURRENT EMPLOYMENT…………………………………………………………………………………..**  I wish to be **authorised** from.........................(day).....................................(month)..............................(year)  To practice as a ………………………………………………………………..…(specify healthcare profession) |  |
|  | **DECLARATION**  (a) I declare that my name is included in the Register maintained by my UK Professional Body.  (b) I declare that the information given above is, to the best of my knowledge and belief, true.  (c) I understand that my name will be removed from the list maintained by the Committee for Health and Social care of approved Registered Professionals if:-   1. I cease to be qualified to practise in the United Kingdom;   SIGNED......................................................................................  DATE........................................................................................... |  |

Please return form to:

The Healthcare Registrations Assistant

Office of the Committee for Health and Social Care

Le Vauquiedor

Rue Mignot

St Andrews

GY6 8TW