

Sections

- **Section 5: Character & Health self.:** Dichiarazione di non aver avuto problemi di vario tipo nel passato
- **Section 6: Education and Training:** Dati relativi al titolo di studio ed Università'
- **Section 7: Language proficiency** Segnare NO e nel punto 2 scrivere ITALY

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 or received a police caution (other than a protected caution or protected conviction)?

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 this 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

5

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)

Title of your relevant qualification (as it appears on your certificate)

Course start date (DD/MM/YYYY)

Course end date (DD/MM/YYYY)

Name of educational institution

Street name

Town / city

County / state

Postcode / zipcode

Please advise contact details for the course administrator if possible.

Name

Job title

Telephone number

Email

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

Title of your relevant qualification

Course start date (DD/MM/YYYY)

Course end date (DD/MM/YYYY)

Name of educational institution

Street name

Town / city

County / state

Postcode / zipcode

Please continue on a separate sheet if necessary.

Please advise contact details for the course administrator if possible.

Name

Job title

Telephone number

Email

6

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

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.

7

Sections

- **Section 12: Character reference** si dichiara che si conosce il candidato e che puo' affermare si tratta di una persona di buon carattere, in senso civico.
- **Section 13: Background check consent form** si accetta il fatto che vengano fatti controlli sulle informazioni ed I documenti prodotti.

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 7562 5400.

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

Address

Profession in English

Profession in its original language (if applicable)

Referee details

Name

Occupation

If you are a member of a professional or regulatory body, please provide its name and your membership / registration number

Practice or business address

Telephone

Email address

Please state capacity in which you know the applicant (do not leave blank)

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

Profession

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 background 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

Guidance for International Applicants

Guidance for international applicants (applicants who hold a qualification or have experience gained outside the UK)

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

+44 (0)845 300 4472 or +44 (0)20 7582 5460
www.hcpc-uk.org
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.

Introduction

- About the Health and Care Professions Council (HCPC)
- How we are run
- About registration
- Applying for registration
- Meeting our standards
- Protected titles

About this guidance

- Applying through the international registration process
- General information on completing the forms
- Sending us your application
- What happens next?
- Contact us
- Certified documents
- Verifying your identity
- If you cannot provide photographic documentation
- Translation of documents

Application process overview

Outcomes of an application

- Incomplete applications
- Successful applications
- Providing further verification
- International applicants
 - Test of competence
- Rejected applications
 - EEA applicants
- Adaptation period and aptitude test

- Fraudulent applications
- The appeals process

Section 1
Registration details

- Previous applications

Section 2
Contact details

- Name change
- Home address
- Work address
- Agencies

© Health and Care Professions Council, 2015. 20150801APPNv15

- Questa guida ha l'intenzione di aiutare il candidato nella compilazione dell'applicazione form.
- All'interno trovate tutte le informazioni necessarie, leggetela con attenzione e nel caso abbiate ancora dei dubbi si consiglia di contattare la HCPC:

registration@hcpc-uk.org

Grazie per l'attenzione

**Park House, 184 Kennington Park Road,
London, SE11 4BU,
+44 (0)845 300 6184 - www.hcpc-uk.org
registration@hcpc-uk.org**