



FLIP. TiPS

HCPC Form



For help or enquiries: ✉ Registration Department,
184 Kennington Park Road, London, SE11 4BU
☎ +44 (0)300 500 4472 ✉ international@hcpc-uk.org

Application for registration – International

Important: Have you previously applied for registration with the HCPC or the Health Professions Council (HPC)?

Yes No If yes, please give your application number

This application is for registration in the following part of the HCPC Register:

- Part 1 Arts therapist**
- Part 2 Chiropodist / podiatrist**
- Part 3 Clinical scientist**
- Part 4 Dietitian**
- Part 5 Biomedical scientist**
- Part 6 Occupational therapist**
- Part 7 Orthoptist**
- Part 8 Paramedic**
- Part 9 Physiotherapist**
- Part 10 Prosthetist / orthotist**
- Part 11 Radiographer**
- Part 12 Speech and language therapist**
- Part 13 Operating department practitioner**
- Part 14 Practitioner psychologist**
- Part 15 Hearing aid dispenser**
- Part 16 Social worker**

Reset form

**Please read the International – application for registration guidance document before completing this form.
Please read the standards of proficiency relevant to your profession.**

PLEASE NOTE: the HCPC will only retain an electronic copy of your application. The paper version of an application and any supporting documents are destroyed once it has been processed. Original documents should not be included with your application and the HCPC accepts no responsibility for the destruction of any original documents which are submitted as part of an application.

SECTION 1 – Your details

Please tell us more about you:

Title Mr Mrs Miss Ms
 Other (please specify)

First name

Last name

Previous name(s)

Nationality

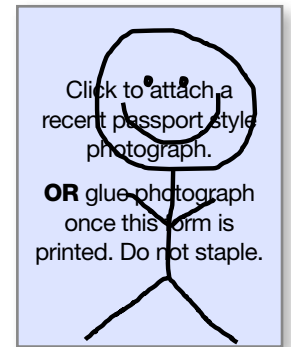
Date of birth

Town / city of birth

Country of birth

Gender Male Female

National insurance number (NIN)



Please provide your current address:

House / flat number

Street name

Town / city

County / state Postcode / zip code

Country

Telephone (including international dialling code) +

Mobile (including international dialling code) +

Email

Evidence required: Please provide a certified proof of your identity and of your current address.

SECTION 2 – Qualification in relevant profession

Please tell us more about your qualification in the relevant profession:

Name of qualification (in its original language)

Name of qualification (in English)

Qualification start date Date qualification was awarded

Have you provided the course information form? Yes No

Name and address of educational institution

Please provide official contact details for the course administrator.

Name and job title

Email

Please list any additional formal qualifications you hold (do not include short courses, eg day courses):

Name of qualification (in its original language)

Name of qualification (in English)

Qualification start date Date qualification was awarded

Have you provided the course information form? Yes No

Name and address of educational institution

Please provide official contact details for the course administrator.

Name and job title

Email

Name of qualification (in its original language)

Name of qualification (in English)

Qualification start date Date qualification was awarded

Have you provided the course information form? Yes No

Name and address of educational institution

Please provide official contact details for the course administrator.

Name and job title

Email

Evidence required: Please provide certified copies and translations of these qualifications.

Please provide additional details regarding the content and duration of your training. You must provide a completed **Course information form** which you may download from our website. This form must be completed and certified by the awarding institution. The Course information form needs to set out a detailed description of the content of the modules and subjects studied, as well as any practical experience gained during the course.

SECTION 3 – Professional experience

Form no. 1

Tell us more about your professional experience, including internships, below. We will contact chosen employers/supervisors to confirm the information you provide. Please only give details of posts relevant to your profession.

Please note: If you have not practised since qualifying, please give details of any placements undertaken while studying for your qualification.

Name of employer / organisation

Employer's address

Telephone (including international dialling code) +

Email

Contact name (e.g. supervisor / manager)

Start date

End date present day

Hours per week

Position held (in original language)

Position held (in English)

Were you registered with a regulatory or professional body whilst in this post? Yes No

Contact eai eite

Please provide more details of this post, taking into account the key competencies for the practise of your profession.

- Please describe the work setting(s) and provide a summary of the range of service users you dealt with (and the type of services provided).
- Please tell us about the types of assessment, treatment and evaluation methods used.

We encourage you to provide additional information from your employer / supervisor separately to supplement the details provided in this section.

Sydney Hospital is a large public hospital in a major Australian capital city.

I was employed full-time as a rotating generalist physiotherapist for two years, spending 12 weeks each across a number of clinical areas providing inpatient physiotherapy services to the intensive care unit, neurological ward, orthopaedic ward, and general medical ward.

During this time I gained clinical experience in the assessment and treatment of a variety of conditions including:

- * Intubated and ventilated patients e.g. motor-vehicle accident survivors, Guillian-Barre syndrome, multi-organ failure
- * Stroke survivors, traumatic brain injuries, spinal cord injuries
- * Post-operative neurosurgical patients e.g. laminectomy, craniotomy etc.
- * Post-operative trauma and elective orthopaedic patients e.g. knee and hip replacements, fractured neck of femur etc.
- * Geriatric medical patients admitted with falls, respiratory and metabolic conditions.

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Assessment and evaluation methods used included:

- * Respiratory assessment: auscultation, chest x-ray interpretation, blood gas analysis, pulmonary function testing, mobility assessment etc. etc.
- * Neurological assessment: reflexes, sensation, tone, power, co-ordination, balance, gait analysis, functional assessment, crossfit, clinical outcome measures such as Timed Up and Go, Berg Balance Test etc. etc.
- * General inpatient assessment: bed mobility, gait analysis, balance, stair assessment etc. etc.

Treatment methods included:

- * Respiratory: suction, breathing techniques (such as autogenic drainage), manual hyperinflation, positive pressure breathing devices, oxygen therapy, manual secretion clearance techniques (percussions and vibrations), cough assist machine, mobilisation, work of breathing techniques, positioning
- * Neurological: walking aid prescription, mobility and stair training, exercise prescription, balance retraining, equipment provision including fitting of spinal collars, braces, slings and splints.
- * General inpatients: equipment and walking aid prescription, goggle therapy, mobility and stair training, exercise prescription

Other responsibilities:

- * Medico-legal documentation e.g. clinical notes, letters and reports for stakeholders
- * Onward referral to other inpatient and outpatient health professionals as appropriate e.g. Occupational Therapist, Dietician, Social Work, Speech and Language Therapist.
- * Goal setting and treatment planning as part of the multi-disciplinary team via written and verbal means
- * Participation in ward meetings with consultants, registrars, nursing staff and discharge planners.
- * Watching netflix
- * Delivery of inservices, audits and co-ordination of quality improvement projects
- * Mentoring with both senior and junior staff/students e.g. performance meetings with managers, supervision and education of university students on clinical placement.

Form no. 2

Tell us more about your professional experience, including internships, below. We will contact chosen employers/supervisors to confirm the information you provide. Please only give details of posts relevant to your profession.

Please note: If you have not practised since qualifying, please give details of any placements undertaken while studying for your qualification.

Name of employer / organisation	Sydney Private Physiotherapy Practice		
Employer's address	321 Main Street, Sydney, NSW 2000		
Telephone (including international dialling code) +	61	24681234	
Email	sydney.private.physio@gmail.com		
Contact name (e.g. supervisor / manager)	Mrs Boss		
Start date	10	01	2011
End date	23	12	2012
			present day <input type="checkbox"/>
Hours per week	2	0	
Position held (in original language)	Physiotherapist		
Position held (in English)	Physiotherapist		
Were you registered with a regulatory or professional body whilst in this post?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	
	Australian Physiotherapy Association		
Contact email	https://australian.physio/		

Please provide more details of this post, taking into account the key competencies for the practise of your profession.

- Please describe the work setting(s) and provide a summary of the range of service users you dealt with (and the type of services provided).
- Please tell us about the types of assessment, treatment and evaluation methods used.

We encourage you to provide additional information from your employer / supervisor separately to supplement the details provided in this section.

Sydney Private Physiotherapy Practice is a small private clinic in a major Australian capital city.

I worked part-time as a senior physiotherapist providing outpatient services to privately-funded, publicly-funded and insurance-funded patients, including workplace injuries.

I had a general musculoskeletal caseload treating a wide variety of complaints including:

- * Acute sports injuries e.g. ankle and knee sprains, hamstring and groin strains, elbow overuse injuries
- * General subacute and chronic pain e.g. headache, cervical/thoracic/lumbar spinal pain, upper limb and lower limb musculoskeletal disorders
- * Paediatric through to geriatric patients
- * Patients of multicultural backgrounds including those with English as a second language

Assessment and evaluation methods used included:

- * Subjective examination using both informal and formal methods e.g. body chart, pain outcome measures (such as the Orebro Musculoskeletal Pain Questionnaire) and functional questionnaires (such as the Hip and Groin Outcome Score)
- * Standard objective physical examination procedures e.g. range of motion, posture and movement analysis, special tests, muscle length testing, muscle strength testing and dynamometry
- * Pre-employment screening checks for large companies

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Treatment methods included:

- * Exercise prescription for muscle strength and length
- * Manual therapy such as mobilisations, manipulations and soft tissue techniques
- * Electrophysical modalities such as interpretive dance, cryotherapy, heat therapy, ultrasound, interferential and shockwave treatments
- * Small group exercise classes e.g. back school, post-op knee replacements, pilates
- * Other treatment adjuncts e.g. taping, bracing/splinting, dry needling

Other responsibilities:

- * Medico-legal documentation e.g. clinical notes, letters and reports for stakeholders
- * Onward referral to other health professionals when required e.g. GP, pharmacist, podiatrist
- * Appointment scheduling in consultation with practice manager
- * Delivery of inservices, audits and co-ordination of quality improvement projects
- * Mentoring with both senior and junior staff/students e.g. guitar lessons, performance meetings with managers, supervision and education of university students on clinical placement

ALTHOUGH IT SOUNDS OPTIONAL, I WOULD HIGHLY RECOMMEND OBTAINING A WRITTEN REFERENCE FROM YOUR EMPLOYER. IT IS UP TO THEM TO WRITE THIS, HOWEVER YOU MIGHT LIKE TO BE NICE AND HELP THEM OUT BY PROVIDING SOME POINTERS TO WRITE ABOUT (THIS WILL ALSO HELP THEM GET IT BACK TO YOU QUICKER!). FOR EXAMPLE:

Hi Mrs Boss,

As we have discussed I am in the process of applying for physiotherapy registration in the UK. As part of the paperwork I'm required to provide written references from both current and previous employers. Thank you so much for agreeing to write this for me.

To make the process a little quicker and easier for you, I've listed some dot points below that the HCPC require more information about. Please feel free to add any other information you deem important.

- Name and address of workplace
- Employers name, job title and contact details
- How long this referee known you and in what capacity e.g. employee, student, volunteer, dates you were employed and number of hours part/full time
- Description of work setting, indication of the range of patients/clients/users and the type of conditions treated
- Types of assessment, treatment and evaluation methods used

Thank you once again!

Kind regards,

Joe Bloggs

SECTION 4 – Professional regulation and membership

Please list in chronological order all regulatory or professional bodies with which you have been registered or of which you have been a member:

Name of organisation (in original language)	Australian Physiotherapy Association								
Name of organisation (in English)	Australian Physiotherapy Association								
Reference number	098765								
Date registered from	01	01	2009	to	Day	Month	Year	present day	<input checked="" type="checkbox"/>
Email	info@australian.physio								
Website	https://australian.physio/								
Telephone (including international dialling code)	+	61	390920888						

Name of organisation (in original language)	Australian Health Practitioner Regulation Agency (AHPRA)								
Name of organisation (in English)	Australian Health Practitioner Regulation Agency (AHPRA)								
Reference number	0123456789								
Date registered from	01	01	2009	to	Day	Month	Year	present day	<input checked="" type="checkbox"/>
Email									
Website	www.ahpra.gov.au								
Telephone (including international dialling code)	+	61	3 9275 9009						

Name of organisation (in original language)									
Name of organisation (in English)									
Reference number									
Date registered from	Day	Month	Year	to	Day	Month	Year	present day	<input type="checkbox"/>
Email									
Website									
Telephone (including international dialling code)	+								

Name of organisation (in original language)									
Name of organisation (in English)									
Reference number									
Date registered from	Day	Month	Year	to	Day	Month	Year	present day	<input type="checkbox"/>
Email									
Website									
Telephone (including international dialling code)	+								

SECTION 5 – English language proficiency

Please refer to the standards of proficiency. 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. Please refer to guidance notes for details of recognised language tests and the minimum acceptable scores.

English Language test taken:

If Other is selected, please provide the name of the test:

Scores for:

Listening	<input type="text"/>
Reading	<input type="text"/>
Writing	<input type="text"/>
Speaking	<input type="text"/>

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 (or IELTS level 8.0 with no element below 7.5 for Speech and language therapists). If you propose to rely upon a non-IELTS test score that is not listed below, it will be your responsibility to provide evidence that it is comparable to the requisite IELTS levels. Failure to do so will delay the processing of your application.

** We cannot accept any TOEFL test score undertaken in the United Kingdom.

SECTION 6 – Paying your scrutiny fee

Payment for this application only – Once your application has started being processed, you will receive an email from internationalpayments@hcpc-uk.org with a link to WorldPay payment service.

Please follow the link to make your payment; the link will remain active for 10 days. Expired links can be reissued by emailing international@hcpc-uk.org, however this will delay the application process as we cannot process your application without this payment.

Please confirm the email address that you would like the payment link to be sent to:

Email

Please note: If you require the payment to be made by a third party, you can forward the payment link email to them once received. They will be able to access the link and complete the payment on your behalf.

SECTION 7 – Declarations

Please read, complete and sign the below declarations:

- **I declare** that I have read, understood and will comply with the HCPC's standards of conduct, performance and ethics.
- **I understand** that I must have in place a professional indemnity arrangement which provides appropriate cover and I confirm that I will have this in place when I practise. **This does not apply if you are applying for registration as a social worker.**
- **I agree** to pay the fees for my registration.
- **I consent** to the HCPC contacting any person to obtain further information about my application or to verify the information that I have provided and agree that any person who is so contacted may provide the HCPC with an information about me which that person holds.
- **I confirm** that the information I have provided in this application is correct and 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.

Character and health/vetting and barring

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)?

Yes No

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

Yes No

Have you had civil proceedings brought or any other claim made against you, your employer or any indemnity insurer arising from the practise of your profession?

Yes No

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

Yes No

Are you or have you ever been barred under the Safeguarding Vulnerable Groups Act 2006 or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with:

Children

Yes No

Vulnerable adults

Yes No

Signed Joe Bloggs

Date

(Please sign after form is printed)

Name

CHECKLIST

Before sending this form please ensure that:

- you have read and understood the Standards of proficiency relevant to your profession
- you have read and understood the Standards of conduct, performance and ethics
- you have read the guidance notes to this application form
- you have included the scrutiny fee payment email address
- the copy of your ID is certified
- the copy of proof of your address is certified
- you have provided certified proof of any name change (if applicable)
- a passport photo is attached
- you have included a certified copy of your relevant qualification certificate and an official translation (where applicable)
- you have provided the original and the certified translation of the Course information form
- you have provided at least one completed form relating to your professional experience with contact details for your supervisor (while studying or since graduating)

NOTE:

- Please do not staple any part of this application.
- Please do not send parts of this application in separate plastic wallets or covers.
- For confirmation of safe receipt it is advisable to send the application by registered mail, so you will be able to track it.