

**HEALTH CARE (REGISTRATION) (JERSEY) LAW 1995**

**APPLICATION TO REGISTER AS A HEALTH CARE PROFESSIONAL**

**To be completed by applicants who intend to practise as a health or social care professional in Jersey**

*In addition to the information provided in this application, please also provide photographic ID (passport/driving licence), a copy of your professional qualifications and where relevant, a copy of your current registration certificate from you UK regulatory body. For those who are applying to practise as Prescribing Practitioners, please include your completed intention to practise form.*

**1. Please indicate the health or social care profession for which you are applying:**

Ambulance Paramedic <input type="checkbox"/>	Art Therapist <input type="checkbox"/>	Biomedical Scientist <input type="checkbox"/>	Chiroprapist <input type="checkbox"/>
Chiropractor <input type="checkbox"/>	Clinical Psychologist <input type="checkbox"/>	Clinical Scientist <input type="checkbox"/>	Dietician <input type="checkbox"/>
Midwife <input type="checkbox"/>	Midwife prescribing practitioner <input type="checkbox"/>	Nurse <input type="checkbox"/>	Nurse prescribing practitioner <input type="checkbox"/>
Occupational Therapist <input type="checkbox"/>	Operating Department Practitioner <input type="checkbox"/>	Orthoptist <input type="checkbox"/>	Osteopath <input type="checkbox"/>
Physiotherapist <input type="checkbox"/>	Podiatrist <input type="checkbox"/>	Psychotherapist <input type="checkbox"/>	Radiographer <input type="checkbox"/>
Specialist Community Public Health Nurse <input type="checkbox"/>	SCPH Nurse prescribing practitioner <input type="checkbox"/>	Speech & Language Therapist <input type="checkbox"/>	Social Worker <input type="checkbox"/>

**2. Personal Details**

Full Name - where relevant this must be the same as that with which you are registered with any UK regulatory body

Forename/s	Surname

Gender: Male  Female

Date of birth:

Address - where relevant must be the same as that with which you are registered with any UK regulatory body

Postcode _____
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Contact Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

**3. Professional Qualifications that entitle you to practise in the registered profession**

Qualification	Awarding Institution (name and location)	Year of qualification

**4. UK Professional Registration**

Where relevant please tick the UK regulatory body with which you are registered:

- General Osteopathic Council (GOsC)
- Health and Care Professions Council (HCPC)
- Nursing and Midwifery Council (NMC)

Date of first registration with UK Regulatory Body	UK registration number	Date UK registration expires

**5. Professional Referee**

Please give details of your current (or most recent) employer as a professional referee.

Title	Name	Position/Job title	Postal Address

E-mail address:

**6. Determination of Application for Registration (Article 6(1)(a) 10(1)(a) 15(1))**

The Law requires that the Jersey Care Commission is assured that the applicant is of good character and will not reflect discredit on the registrable occupation. Please give details of an appropriate professional who has known you for at least one year as a Character referee. This must be a different person to the Professional referee.

Title	Name	Position/Job title	Postal Address

E-mail address:

**7. Employment Details**

Please provide the name, address and email contact details for each place of employment from where you intend to practice

Name	Full Address	Email Address

Proposed date of commencing employment \_\_\_\_\_

## 8. Disclosure

Have you at anytime in Jersey, the UK or elsewhere been subjected to any investigation which has had an adverse outcome as follows:

- |                                                                                                   |                              |                             |
|---------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a) an investigation into any matter relating to fraud                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) an investigation by any licensing, regulatory or other body into your professional conduct     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) an investigation by an current or former employer into you professional conduct or performance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) have you ever been convicted of an offence in Jersey, or elsewhere                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered Yes to any of the aforementioned questions please provide details, including approximate dates, of where any investigations or proceedings were brought, the nature of the investigation or proceedings and the outcome, or details of the conviction below

To the best of your knowledge, are you current in Jersey, the UK or elsewhere:

- |                                                                                                                                                                                                                             |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a) subject to an investigation into, or proceedings regarding your professional conduct by any licensing, regulatory or other body, including any investigation into, or proceedings regarding any matter relating to fraud | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) subject to an investigation into, or disciplinary proceedings regarding your professional conduct by an employer                                                                                                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) subject to an investigation or proceedings which might lead to you being convicted of an offence in Jersey or elsewhere                                                                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered Yes to any of the aforementioned questions please provide details, including approximate dates, of where any investigations or proceedings were brought, the nature of the investigation or proceedings and the outcome, or details of the conviction below

(please use additional paper if required, ensuring all pages are numbered and signed)

## 9. Declaration

To the best of my knowledge, information and belief, the information provided in this application is true and complete. I understand that any false statements may provide grounds for refusal of my application to be registered, or if discovered post registration, the cancellation of my registration. I understand that enquiries may be made to verify these details.

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Signature of applicant

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Date

### Application Checklist:

Have you:

- completed all relevant sections
- signed and dated the declaration

Enclosed:

- A copy of your professional qualification certificate that entitles you to be registered
- Where relevant, proof of registration with a UK regulator
- A copy of your photographic ID (passport or driving licence)

**PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR RETURNED WITHOUT THE REQUIRED DOCUMENTATION, YOUR REGISTRATION WILL BE DELAYED.**

Please return this completed form to:  
Jersey Care Commission  
2<sup>nd</sup> Floor, 23 Hill Street  
St. Helier  
JE2 4UA

Fax to 01534 445773

or scan and email to [notifications@carecommission.je](mailto:notifications@carecommission.je)

If you have any queries, please contact Mandy Bates (01534 445801) or Sally Hazley (01534 445802).