

**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"/>	Chiropracist <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"/>	Nurse <input type="checkbox"/>	Nurse Independent Prescriber (*) <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>
Operating Department Practitioner <input type="checkbox"/>	Orthoptist <input type="checkbox"/>	Osteopath <input type="checkbox"/>	Optometrist Independent Prescriber (*) <input type="checkbox"/>
Paramedic Independent Prescriber (*) <input type="checkbox"/>	Pharmacist Independent Prescriber (*) <input type="checkbox"/>	Physiotherapist <input type="checkbox"/>	Physiotherapist Independent Prescriber (*) <input type="checkbox"/>
Podiatrist <input type="checkbox"/>	Podiatrist Independent Prescriber (*) <input type="checkbox"/>	Psychotherapist <input type="checkbox"/>	Radiographer <input type="checkbox"/>
Specialist Community Public Health Nurse <input type="checkbox"/>	Speech & Language Therapist <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Therapeutic Radiographer Independent Prescriber (*) <input type="checkbox"/>

(\*) All independent prescribers who apply for registration will not be registered until the Care Commission receives written confirmation from the Island Wide Non-Medical Prescribing Lead that the applicant fulfils the requirements of the Non-medical Prescribing Policy currently in force.

Nurses, Specialist Community Public Health Nurses and Midwives who wish to register for non-medical prescribing will register under the title Nurse Independent Prescriber.

## 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

Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address - where relevant must be the same as that with which you are registered with any UK regulatory body

Postcode \_\_\_\_\_

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)
- General Optical Council (GOpC)
- General Pharmaceutical Council (GPC)
- Social Work England (SWE)

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

5. Proposed date for commencing employment \_\_\_\_\_

#### 6. 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  No
- b) an investigation by any licensing, regulatory or other body into your professional conduct Yes  No
- c) an investigation by an current or former employer into you professional conduct or performance Yes  No
- d) have you ever been convicted of an offence in Jersey, or elsewhere Yes  No

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  No
- b) subject to an investigation into, or disciplinary proceedings regarding your professional conduct by an employer Yes  No
- c) subject to an investigation or proceedings which might lead to you being convicted of an offence in Jersey or elsewhere Yes  No

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)

### 7. 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.

\_\_\_\_\_

Hand Signature of applicant required

\_\_\_\_\_

Date

### Application Checklist:

Have you:

- completed all relevant sections
- signed and dated the declaration

Enclosed:

- Evidence of the 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

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

If you have any queries, please contact the registration administrators on 01534 445801 or 01534 445802.