

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 signed photographic ID (passport/driving licence), a copy of your professional qualifications and where relevant, a copy of your current registration certificate from your UK regulatory body. For those who are applying to practise as nurse independent prescribers, 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.

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. Please provide the name, address and email address for each employer in Jersey

Name	Full Address	Email Address

a. Proposed date for commencing employment _____

6. Disclosure

Have you at any time 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 on page 4.

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 disclosure 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.

Full 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 signed 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
1st Floor, Capital House
8 Church Street
St. Helier
JE2 3NN

or scan and email to notifications@carecommission.je

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