

**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 | 🞏 | Art Therapist | 🞏 | Biomedical Scientist | 🞏 | Chiropodist | 🞏 |
| Chiropractor | 🞏 | Clinical Psychologist | 🞏 | Clinical Scientist | 🞏 | Dietician | 🞏 |
| Midwife | 🞏 | Nurse | 🞏 | Nurse **Independent Prescriber** (\*) | 🞏 | Occupational Therapist | 🞏 |
| Operating Department Practitioner | 🞏 | Orthoptist | 🞏 | Osteopath | 🞏 | Optometrist **Independent Prescriber** | 🞏 |
| Paramedic **Independent Prescriber** | 🞏 | Pharmacist **Independent Prescriber** | 🞏 | Physiotherapist | 🞏 | Physiotherapist **Independent Prescriber** | 🞏 |
| Podiatrist | 🞏 | Podiatrist **Independent Prescriber** | 🞏 | Psychotherapist | 🞏 | Radiographer | 🞏 |
| Specialist Community Public Health Nurse | 🞏 | Speech & Language Therapist | 🞏 | Social Worker | 🞏 | Therapeutic Radiographer **Independent Prescriber** | 🞏 |

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

1. **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:

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 - Personal

Email address – Work

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

|  |  |  |
| --- | --- | --- |
| Qualification | Awarding Institution (name and location) | Year of qualification |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **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)

General Chiropractic Council

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

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

|  |  |  |
| --- | --- | --- |
| Name | Full Address | Email Address |
|  |  |  |
|  |  |  |

* 1. **Proposed date for commencing employment**

1. **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:**

1. an investigation into any matter relating to fraud Yes No
2. an investigation by any licensing, regulatory or other body into your

professional conduct Yes No

1. an investigation by a current or former employer into you professional

conduct or performance Yes No

1. 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:**

1. 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

1. subject to an investigation into, or disciplinary proceedings regarding your

professional conduct by an employer Yes No

1. 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)

1. **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.

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](mailto:notifications@carecommission.je)

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