

Health Care (Registration) (Jersey) Law 1995

Portal guidance

IMPORTANT

PLEASE READ THIS INFORMATION BEFORE COMPLETING AN APPLICATION FOR REGISTRATION UNDER THE ABOVE LAW.

The following information is provided to assist those who may wish to apply for registration in accordance with the Health Care (Registration) (Jersey) Law 1995. However this document only provides guidance, and for definitive purposes reference should be made to the original Law, which is available at [Health Care \(Registration\) \(Jersey\) Law 1995 \(jerseylaw.je\)](http://jerseylaw.je)

Who does the Law apply to?

The Law applies to anyone in Jersey who is engaged in a registrable occupation, who claims to be entitled to engage in such an occupation or uses any titles or initials implying that he is qualified to engage in that occupation (*Article 2 (1)*).

The 'registrable occupations' currently are:

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

(*) Independent Prescribers will be required to apply for two registrations such as a Nurse registration and a Nurse Independent Prescriber. This does not apply to Pharmacist Independent Prescriber only as Pharmacists are required to apply via Chief Pharmacist. Please see this referenced under the following law [Health \(Registration\) \(Prescribed Qualifications\)\(Jersey\) Order 2003](#)

(**) All Chiropractors who apply for registration will not be registered until the Care Commission receives confirmation from the General Chiropractic Council that the applicant shows a Registration Status of "Registered - Non-practising".

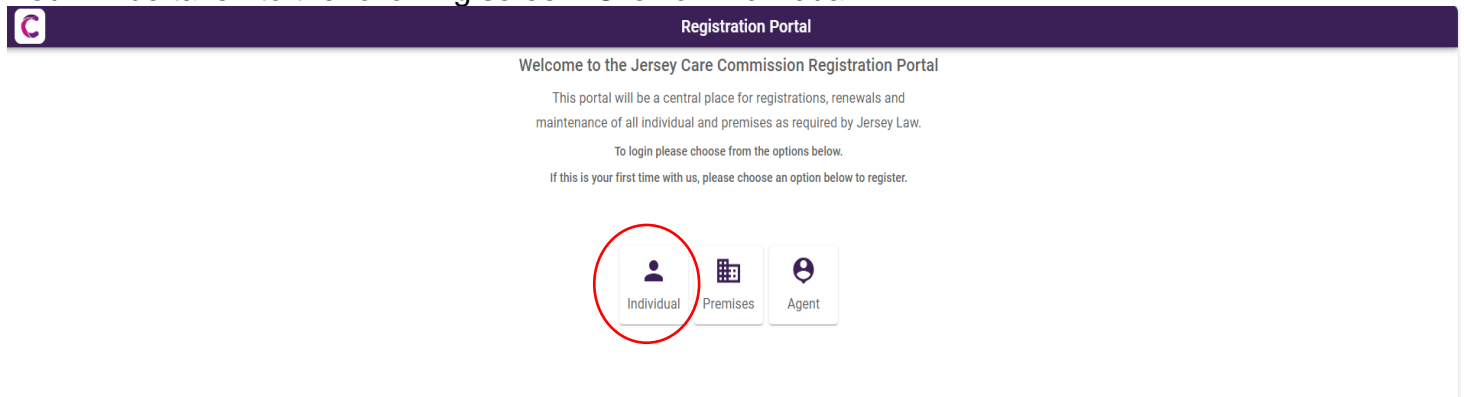
Nurses, Specialist Community Public Health Nurses and Midwives who wish to register for non-medical prescribing will register under the title Nurse Independent Prescriber.

How do I register?

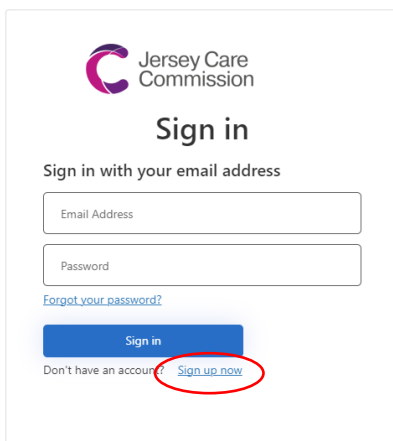
It is essential that the details are completed correctly. Incorrect or incomplete information will be returned, delaying the registration and consequently this can delay the date from which employment in the registrable occupation can commence.

An application for registration must be submitted via the portal available by [clicking here](#)

You will be taken to the following screen. Click on Individual:



Click on 'Sign up Now'





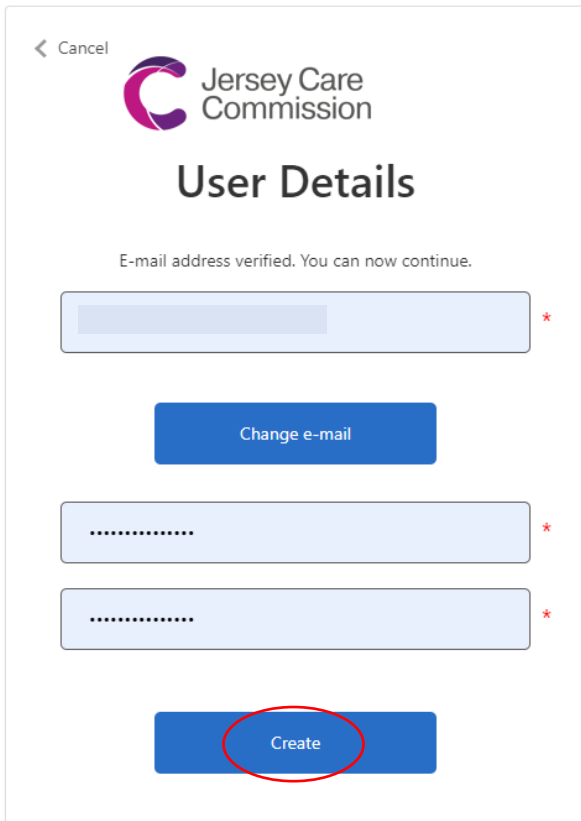
Add in your email address and click 'Send Verifications Code'.

A screenshot of a mobile application interface titled 'User Details'. At the top left is a back arrow and the word 'Cancel'. Below that is the Jersey Care Commission logo. The title 'User Details' is centered. There is an input field for 'Email Address' with a red asterisk to its right. Below the input field is a blue button labeled 'Send verification code'. Underneath that are two more input fields: 'New Password' and 'Confirm New Password', both with red asterisks to their right. At the bottom is a light blue button labeled 'Create'.


Once this has been received please add the code in the field 'Verification Code' and click 'Verify Code'.

A screenshot of the same 'User Details' form, but at a later stage. A message above the input fields reads: 'Verification code has been sent to your inbox. Please copy it to the input box below.' Below this message is a light blue input field with a red asterisk to its right. Below that is the 'Verification Code' input field, also with a red asterisk. There are two blue buttons: 'Verify code' (circled in red) and 'Send new code'. Below these are two more light blue input fields with red asterisks, both containing a series of dots. At the bottom is the 'Create' button.

Please create a password and click 'Create'.(you have the option to change to a different email address at this stage).



< Cancel



Jersey Care Commission

User Details

E-mail address verified. You can now continue.

*

Change e-mail

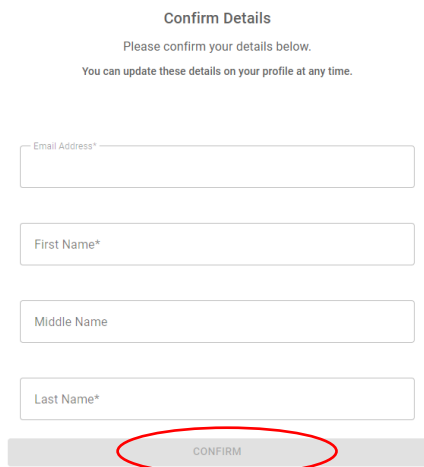
*

*

Create

Please add your full Name (where relevant this must be the same as that with which you are registered with any UK regulatory body) and click 'Confirm'.

Registration Portal



Confirm Details

Please confirm your details below.
You can update these details on your profile at any time.

Email Address*

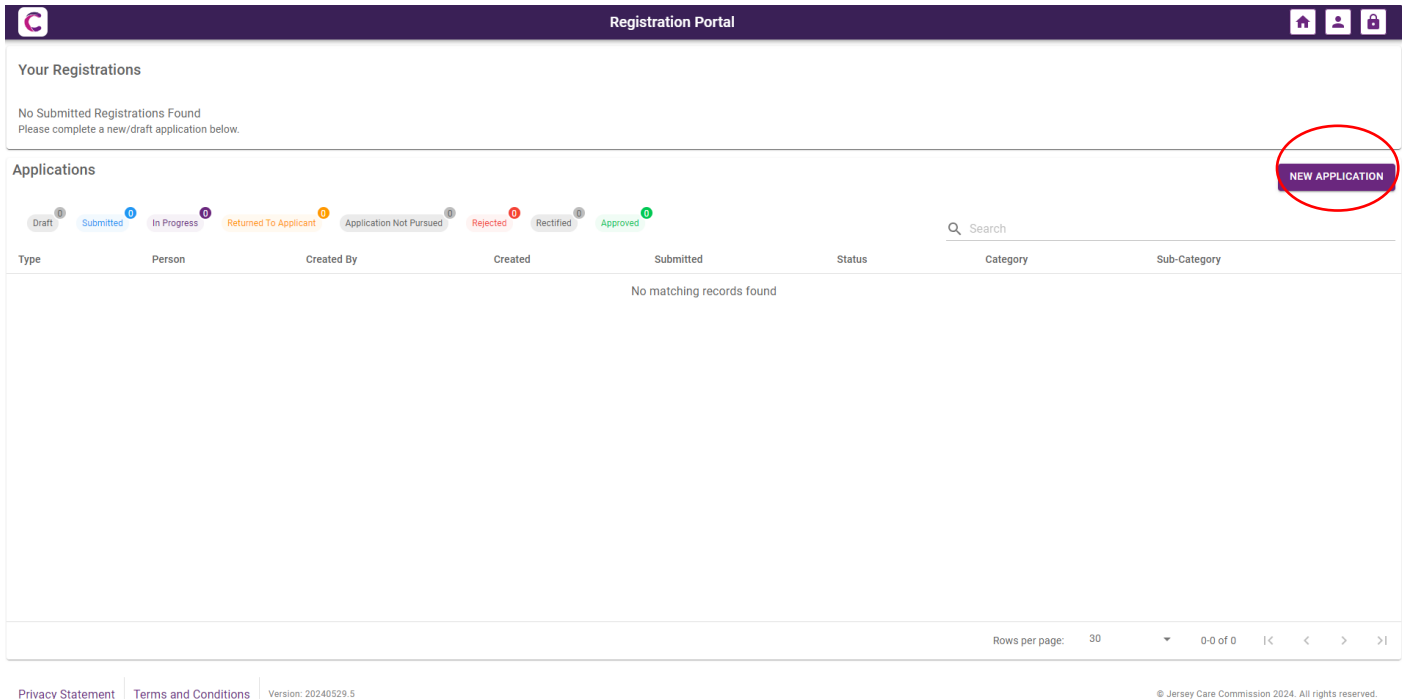
First Name*

Middle Name

Last Name*

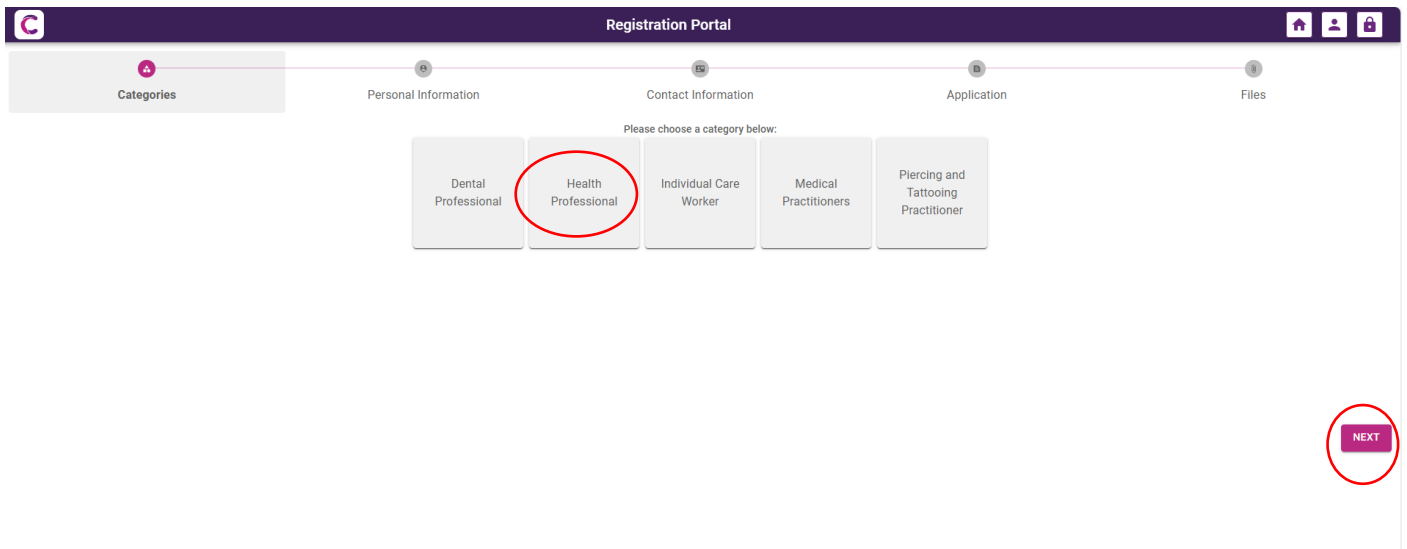
CONFIRM

You will be taken to the following screen. Please click on 'New Application'.



The screenshot shows the 'Registration Portal' dashboard. At the top, there is a navigation bar with a home icon, a user profile icon, and a lock icon. Below the navigation bar, the main content area is titled 'Your Registrations' and contains the text 'No Submitted Registrations Found. Please complete a new/draft application below.' To the right of this text, a purple button labeled 'NEW APPLICATION' is circled in red. Below this, there is a section titled 'Applications' with a search bar and a status filter bar. The status filter bar includes buttons for 'Draft', 'Submitted', 'In Progress', 'Returned To Applicant', 'Application Not Pursued', 'Rejected', 'Rectified', and 'Approved'. Below the filter bar is a table with columns for 'Type', 'Person', 'Created By', 'Created', 'Submitted', 'Status', 'Category', and 'Sub-Category'. The table is currently empty, displaying 'No matching records found'. At the bottom of the table, there is a pagination control showing 'Rows per page: 30' and '0-0 of 0'.

Click 'Health Professional' click 'Next'.



The screenshot shows the 'Registration Portal' category selection screen. At the top, there is a navigation bar with a home icon, a user profile icon, and a lock icon. Below the navigation bar, there is a progress indicator with five steps: 'Categories', 'Personal Information', 'Contact Information', 'Application', and 'Files'. The 'Categories' step is currently selected. Below the progress indicator, there is a section titled 'Please choose a category below:' with five buttons: 'Dental Professional', 'Health Professional', 'Individual Care Worker', 'Medical Practitioners', and 'Piercing and Tattooing Practitioner'. The 'Health Professional' button is circled in red. At the bottom right of the screen, a purple button labeled 'NEXT' is circled in red.

Click on the registration type (please note that you can only select one option. If a second registration is required, two applications must be processed) click 'Next':

Please choose a sub-category below:

Ambulance Paramedic	Art Therapist	Biomedical Scientist	Chiroprapist	Chiropractor	Clinical Psychologist	Clinical Scientist	Dietician	Midwife	Nurse	Nurse Independent Prescriber
Occupational Therapist	Operating Department Practitioner	Optometrist Independent Prescriber	Orthoptist	Osteopath	Paramedic Independent Prescriber	Pharmacist Independent Prescriber	Physiotherapist	Physiotherapist Independent Prescriber	Podiatrist	Podiatrist Independent Prescriber
Psychotherapist	Radiographer	Social Worker	Specialist Community Public Health Nurse	Speech & Language Therapist	Therapeutic Radiographer Independent Prescriber					

Please add your name and date of birth (Your name should pull through from previous information provided, please ensure this is correct).

C
Registration Portal 🏠 👤 🔒

Categories
Personal Information
Contact Information
Application
Disclosures
Files

Personal Information

First Name
Test First Name

Middle Name

Last Name
Test Last Name

Previous Name

Date of birth?
01/05/1953 📅

PREVIOUS

C
COMPLETED
NEXT

Please add your contact telephone number and email address.

Add your address. Please note that where relevant must be the same as that with which you are registered with any UK regulatory body. Click 'Next'

C

[Home](#)
[User](#)
[Lock](#)

Registration Portal

Categories
Personal Information
Contact Information
Application
Disclosures
Files

Contact Details

Personal Email
testtesting@hotmail.com

Work Email
testtesting@hotmail.com

Mobile Phone
0125632144

Work Phone
055455454

Home Phone
4885545454545

Line 1
Test street

Line 2
Test Street 1

Line 3
Test Street 3

City/Parish
UK

Country
UNITED KINGDOM (GBR)

Postal Code
CGDD 445

PREVIOUS
NEXT

Privacy Statement
Terms and Conditions
Version: 20240529.5
© Jersey Care Commission 2024. All rights reserved.

Please add your regulatory body, registration number, date first registered, expiry date and employment start date.

Please select + Add Qualification to add your Professional Qualifications that entitle you to practise in the registered profession.

C

[Home](#)
[User](#)
[Lock](#)

Registration Portal

Categories
Personal Information
Contact Information
Application
Disclosures
Files

Health Care Professional Application

Where relevant please select the UK regulatory body with which you are registered.

Please provide your registration number.

When did you first register with your regulatory body?

_____ 📅

When does your registration with your regulatory body expire?

_____ 📅

When will your employment start?

_____ 📅

Professional Qualifications
Please list your professional qualifications that entitle you to practise in the registered profession

Qualifications	Year Awarded	Awarding Institution
+ ADD QUALIFICATION		

Please select '+ Add Address' to provide the name, address and email address for each employer in Jersey, then click on 'Next':



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

Name	Email	Address Line 1	Address Line 2	Address Line 3	City/Parish	Postal Code
+ ADD ADDRESS						

PREVIOUS

NEXT

Please carefully read the following disclosure questions. To answer yes, click on toggle the

button  to answer no leave the answer as . If you have answered Yes to any of the questions please provide details in the details section, 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. Click 'Next'

Registration Portal

Home User Lock

Categories Personal Information Contact Information Application Disclosures Files

Disclosures

Current Disclosure

- Are you currently subject to an investigation or proceedings which might lead to you being convicted of an offence in Jersey, or elsewhere?
- Are you currently subject to an investigation into, or disciplinary proceedings regarding your professional conduct by an employer?
- Are you currently 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?

If you have answered Yes to any of the aforementioned questions, please provide details, including approximate dates, of where any investigation or proceedings are to be brought and the nature of the investigation or proceedings, below:

Details

Past Disclosure

- Have you ever been convicted of an offence in Jersey, or elsewhere?
- Have you ever been subject to an investigation, into, or proceedings regarding your professional conduct by an employer?
- Have you ever been subject to an investigation by any licensing, regulatory or other body into your professional conduct?
- Have you ever been subject to an investigation relating into any matter relating to fraud?

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

Details

NEXT

Please click 'Upload Files' to submit a valid form of photographic ID (Passport or Drivers Licence)

Registration Portal

Home User Lock

Categories Personal Information Contact Information Application Disclosures Files

File Uploads

Please upload a copy of your photographic ID (passport or driving licence) **

UPLOAD FILES

Accepted file types: pdf, png, jpg, docx

Please click 'Upload Files' to submit Evidence of the professional qualification certificate that entitles you to be registered*

*If registration as a Nurse or Nurse Independent Prescriber, a copy of the Statement of Entry downloaded from the NMC is sufficient.

Evidence of the professional qualification certificate that entitles you to be registered * *

[UPLOAD FILES](#)

Accepted file types: pdf, png, jpg, docx

Please click 'Upload Files' to submit proof of registration with a UK regulator and click on Finish:

If relevant, proof of registration with a UK regulator

[UPLOAD FILES](#)

Accepted file types: pdf, png, jpg, docx

[PREVIOUS](#)

[FINISH](#)

Click Finish

Please tick the declaration box to agree the information provided is true and complete:

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.

I agree

Payment

Thank you for completing your application.
No payment is required.
Please use the button below to submit your application.

▶ Submit Application

Once the application has been submitted, the application will be processed by the JCC team. If there is any more information required, the team will contact you. If you have any questions, please contact us. Our contact details are below.

Please contact:

Jersey Care Commission
1st Floor, Capital House
8, Church Street, St Helier
Jersey JE2 3NN
Tel: 01534 445801
e-mail: notifications@carecommission.je

You can amend your details before submitting your application by clicking the blue pen in the home screen.

