

VRC VOLUNTARY REGISTRATION COUNCIL

APPLICATION FOR REGISTRATION

Please ensure that the form is completed legibly and consult the accompanying guidance notes, to which the numbers refer. All sections of the form must be fully completed. Additional information can be attached.

1. PERSONAL DETAILS

Title:..... Date of Birth:.....

Surname:..... Previous Surname:.....

Forenames:.....

Address for correspondence

.....

..... Postcode:.....

Telephone:..... Fax:..... Email:.....

Modality applied for

2. ACADEMIC AND PROFESSIONAL QUALIFICATIONS RECORD

Relevant Educational qualifications, with subject(s), Class of any degree, Educational Institute and year of achievement

Qualification	Subject	Class/Award	Educational Institute	Year Achieved

Relevant professional qualifications with dates

Examination	Awarding Body	Year achieved

3. MEMBERSHIP OF PROFESSIONAL BODIES (if applicable)

Professional body	Category of membership	Membership Number	Year of joining

4. ARTICLES AND PUBLICATIONS:

Please submit on separate sheets if applicable.

ANY OTHER INFORMATION YOU WISH TO DRAW TO THE ATTENTION OF THE COUNCIL:

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.....
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5. PROFESSIONAL RECORD:

Present position:.....

Grade:..... Date appointed:.....

Work Address

.....

.....Postcode:.....

Previous positions in chronological order:

Post:..... Grade:.....

From:..... To:.....

Address:.....

.....

.....Postcode:.....

6. REPORT ON TRAINING RECEIVED AND EXPERIENCE GAINED DURING TRAINING IN SUPPORT OF APPLICATION FOR ADMISSION TO THE REGISTER

Admission to the Register requires the satisfactory completion of recognised professional training programme or equivalent, together with evidence of additional training and experience. You must submit two references. You are required to submit a report covering the period of your employment during and after the completion of the training programme. The report should be typed, a maximum of four sides of A4 paper, and include reference to the following points:

- 1) Experience to demonstrate competence in:

See guidance notes specific to your modality

Please identify the attainment of these competencies within each area of employment (e.g. from trainee to current position and levels in between)

- 2) Evidence of personal initiative including project work, and any other relevant responsibilities, achievements and contributions.

Please use the profession specific points included in the guidance as subheadings in your report.

8. PROFESSIONAL MEETINGS ATTENDED AND CPD ACTIVITY UNDERTAKEN

Date	Meeting/ Seminar/ Course Details

Continue on a separate sheet if required

9. CONFIRMATION OF EXPERIENCE IN MODALITY FOR WHICH REGISTRATION IS BEING SOUGHT

Attach a minimum of one comprehensive written reference by your Head of Department and/or Senior Consultant to support your stated training and experience. The reference needs to include an outline of all the details of your duties and dates of your employment. Please include start and finish dates and specify whether full or part-time.

References **must** be on official headed paper (i.e. NHS, local Authority, etc), currently dated and signed. **Please Note:** Only references dated within 6 months of the date the application has been received will be accepted.

Please also provide the name and details of a second referee who can be contacted if necessary.

First Referee:

Name:

Address:

Current Position:

Highest Qualification:

Telephone Number:

Signature:

Date:

Second Referee:

Name:

Address:

Current Position:

Highest Qualification:

Telephone number:

Signature:

Date:

10. DECLARATION

I do hereby confirm that I have received and understood the document entitled “Professional Code of Conduct” including Rules of Conduct as agreed by Council and Regulations Governing Fitness to Practice Procedure issued by the Voluntary Registration Council.

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I declare that if Council accepts my application for membership of the Register then for as long as I remain a member of the Register I will:

- a) observe a high standard of professional conduct in working practice;
- b) defer to the guidance and relevant rulings of the Council on questions of conduct;
- c) submit to, or collaborate in the conduct of the Council’s Fitness to Practice Procedure if called upon to do so;
- d) maintain the dignity and welfare of the Council and the reputation of the register to the best of my ability.

I declare that all facts given by me are correct and true and that any inaccuracies may affect the decisions given to my application.

I enclose the appropriate registration fee (cheque payable to Voluntary Registration Council)

Name (Printed):.....

Name (Signed):.....

Date:.....

Please send completed form to:

Voluntary Registration Council
 Executive Business Support
 City Wharf
 Davidson Road
 Lichfield
 Staffordshire
 WS14 9DZ