



THE REGISTRATION COUNCIL FOR CLINICAL PHYSIOLOGISTS
Application for Registration for graduates from
BSc (Hons) Clinical Physiology Degree only

Please complete this form 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.

Please include a photocopy of your marriage certificate and add any maiden/previous names in "Maiden Name" box after your current surname if applicable.

PERSONAL DETAILS

Title: Surname: Date of Birth:

Given name(s): Maiden Name:

Address for correspondence:

Postcode: Telephone: Fax:

Email:

Speciality:

PROPOSERS

(1) Name:

Address:

Postcode: Telephone: Fax:

I support the application of:

to join the Register of Clinical Physiologists. I have witnessed his/her signing of the Declaration.

Signed: Date: Registration No:

(2) Name:

Address:

Postcode: Telephone: Fax:

I support the application of:

to join the Register of Clinical Physiologists

Signed: Date: Registration No:

ACADEMIC AND PROFESSIONAL QUALIFICATIONS RECORD

- Relevant educational qualifications, with Subject(s), Class of any degree, Educational Institute and year of achievement.⁵

Qualification	Subject	Class/ Award	Educational Institute	Year Achieved

- Relevant professional examinations with dates⁶

Examination	Awarding Body	Year Achieved

MEMBERSHIP OF PROFESSIONAL BODIES (not mandatory)⁷

Professional Body	Category of Membership	Membership Number	Year of Joining

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 Disciplinary Procedure, issued by the Registration Council of Clinical Physiologists.

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

- a) observe a high standard of professional conduct, in practising as a clinical physiologist
- 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 Disciplinary 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 true and correct and that any inaccuracies may affect the decisions given to my application.

I enclose the appropriate registration fee (cheque payable to RCCP) and send with completed form to:

**Registration Council For Clinical Physiologists
Executive Business Support Ltd
Suite 4 Sovereign House
22 Gate Lane
Boldmere,
Sutton Coldfield
B73 5TT**

Signed:

Name (printed):

Date:

DETAILS OF CLINICAL TRAINING RECEIVED TO BECOME A CLINICAL PHYSIOLOGIST

Date of start and end of training programme (if applicable) or of training in specific techniques	Techniques/ procedures/ specific areas covered	Delivered by / Supervised by	Location	Method of assessment - formal (eg NVQ, part of course requirement, training manual) - informal (eg workplace, oral, observation)
Details of assessment of competence (if appropriate) and outcome:				

DETAILS OF TRAINING PLACEMENTS OR EMPLOYMENT AS A CLINICAL PHYSIOLOGIST

Please supply the following information about each training placement or employment as a Clinical Physiologist that you have held.

Please photocopy, print extra (electronic version) or follow this format on separate sheets for each post held.

Name of Employer:

Address of employer:

Telephone number:

Location:

Full-time or part-time:.....

Employed from **To**

Details of who you are/were clinically/professionally accountable to	Details of YOUR duties for each post you have held

CONFIRMATION OF EXPERIENCE AS A CLINICAL PHYSIOLOGIST

Attach a minimum of one comprehensive written reference (at least one side of A4) by your 'current Head of Service or Lead Clinician' and the service relationship eg current Head of Service of Lead Clinician, to support your stated training and experience as a clinical physiologist. The reference needs to include an outline of all the details of your duties and dates of your employment – please provide start and finish dates and specify full-time or part-time.

The reference should be presented on original official letterhead (eg NHS), signed and currently dated.

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

First Referee

Name:

Address:

Current Position:

Qualifications:

Telephone number:

Second Referee

Name:

Address:

Current Position:

Qualifications:

Telephone number: