**Application to the Register via RPL / RPEL**

**A separate application must be completed for each subgroup.**

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| **APPLICANT DETAILS** |
| **Full Name** |  |
| **Subgroup to which applying** |  |
| **Address** |  |
| **Email** |  |
| **Telephone number** |  |
| **Date of birth** |  |

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| **QUALIFICATIONS** |
| **Relevant Qualification(s)\*** |  |
| **Date of Qualification** |  |
| **Awarding body / Accrediting body** |  |
| **Other relevant qualifications** |  |
| **Are you a member of another professional body or association relating to your application? Please list and provide a membership number.** |  |
| **Are you happy for AHPR to contact the professional body / association?** |  |

\*Photocopies of relevant educational certificates must be submitted with the application

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| **SUPPORTING DOCUMENTATION** |  |
| **Cross referenced education and experience document (to Day One / Year One Competencies)** | **Y / N** |
| **Photocopy of professional and public liability insurance policy** (if you work within a veterinary practice or other business which has its own professional and public liability insurance you will need to provide evidence that you are insured through the business insurance policy) | **Y / N** |
| **CV** | **Y / N** |
| **Supporting letters** | **Y / N** |
| **Photocopies of relevant educational certificates** | **Y / N** |

Which species do you treat? Please tick.

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| **TREATMENT SPECIALISATION** |
| **Equine**  |  |
| **Small animal**  |  |
| **Livestock**  |  |
| **Other (please indicate which)** |  |
| **Hydrotherapy subgroups applications only. Do you operate an underwater treadmill?** |  |

Which county(ies) do you wish to appear in your entry on the register?

Please only select region in which you are genuinely able to offer client services

**Do you have any criminal convictions (except for minor motoring convictions)?** **Y / N**

If you tick yes please provide further detail directly to the Chair of the Education sub-committee at education@ahpr.org.uk

**Have you ever been refused membership or been removed from the membership of any professional body relating to your application?** **Y / N**

If yes please include details here

**Have you ever been subject to a disciplinary procedure relating to the membership of any professional body relating to your application? Y /N**

If yes please include details here

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| **APPLICANT DECLARATIONS:**  |  |
| I have read and understood the Standards of Proficiency & Code of Conduct, Disciplinary & Complaints Procedure and the Guidance for CPD requirements documents.  | **Yes No** |
| I have completed the required CPD (25 hours in one year or 50 hours in two years as appropriate) and can provide evidence of request (evidence of CPD is not required in the first year of qualification). | **Yes No** |
| I agree to abide by the Standards of Proficiency & Code of Conduct of the AHPR. | **Yes No** |
| Hydrotherapy subgroup applications; I confirm that I adhere to the industry required water quality testing and management. | **Yes No** |
| In submitting my application to the AHPR for inclusion on to the register in the named subgroup(s) I declare that all the information I have included is accurate and true\* | **Yes No** |
| I authorise AHPR to display the following on the Register alongside my entry (please give details): \*\*Business website:Email address: Telephone/mobile number:  | **Yes No** |
| Fees have been sent by BACS\*\*\*Fee Payable: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes No** |
| **Name****SIGNATURE****Date** |
| \*Please be aware that any information or evidence presented for application to the AHPR may be checked and audited and registrants may be refused entry or removed from the register if information is found to be inaccurate or untruthful. |
| \*\*The personal information you have provided will be held and used by AHPR in accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. We will use your information for the purposes of administering the register and to contact you for audit purposes or any other matters in relation to your membership of AHPR. Your name, scope of practice, subgroup membership and geographical area of practice will be publically available on the Register on the AHPR website. |
| \*\*\*Please send payments by BACS. Account name: AHPR Ltd. Account number: 03525880. Sort code: 20-03-84Cheques attract a £1.50 charge due to bank processing fees **FEES: First subgroup £115 (£75 non-refundable application fee, balance on acceptance); each subsequent subgroup – please email** **registrar@ahpr.org.uk** **or refer to the fees document on the website.** |

Please email completed applications to applications@ahpr.org.uk