**Appendix 1 to HSE policy on** **certification of registration of nominated registered practitioners with relevant Registration Boards at CORU**

To be completed by the profession relevant date as specified in 6.1.1

**Profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Employee number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.O.B.\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth name** (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed by the HSE in (service and location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title and grade)

I declare that I am appropriately registered in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name register) maintained at CORU

My registered name with the Registration Board is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I confirm that I will advise the Health Service Executive without delay should there be any change in my registration status with the Registration Board during the year. I understand that change in status means non-registration, any restriction, conditions, censure, admonishment or removal from the register under Part 6 of the Health and Social Care Professionals Act 2005 and the Health and Social Care Professionals (Amendment) Act 2012.
* I also confirm that I have advised the Registration Board of my current address and employer.
* I also confirm that I will advise the Registration Board of any change in my family name, address or employer.
* I make this statement so as to provide assurance to patients, service users and fellow employees.
* I also acknowledge that should I practice as a regulated professional without appropriate registration that I may be prosecuted under section 80 of the Health and Social Care Professionals Act 2005 and the Health and Social Care Professionals (Amendment) Act 2012.

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Validated by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Appendix 2 to HSE policy on Annual Certification of registration with relevant registration boards at CORU**

**HSCPA 2005, Section 91 applicants; Occupational Therapists**

Applicable to those who qualified before the 31st March 2015 and have been engaged in the practice of the profession for a minimum of 2 years fulltime, ( or an aggregate of 2 years fulltime), in the Republic of Ireland between 31st March 2010 and 30th March 2015

Record of applications by Section 91 applicants for registration with the Registration Board as on 20th April 2017. Updated on;

**Service:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Community Health Care Organisation/ Hospital Group

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| **Name of Section 91 applicant** | **Employee No.** | **Date of acknowledgement of receipt of application from the Registration Board** | **Date registration achieved** | **PSAC completed** |
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Total number of Occupational Therapists in the department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Therapists registered with the Registration Board at CORU\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Therapists awaiting registration with the Registration Board at CORU\_\_\_\_\_\_\_\_\_\_\_

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| **Signed:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Print Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Title:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Note; Amend date of document and data supplied as Section 91 applicants achieve re