

<p style="text-align: center;">APPLICATION FORM</p> <p style="text-align: center;">for completion by chiropodists/podiatrists wishing to have their qualifications assessed under Directive 2005/36/EC</p>
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SECTION 1. PERSONAL DETAILS

Name: <i>(attach evidence of name change if appropriate)</i>	
E-mail: <i>(In providing, you agree to check frequently)</i>	
Address:	
Address for correspondence: (if different from above)	
Citizenship: (please submit a notarised copy of photographic ID (i.e. passport or national ID)	
Residency: If you are neither Swiss nor an EEA National ¹ , are you legally resident in Ireland? If yes, please submit a notarised copy of : (a) Your certificate of registration issued by the Gárda National Immigration Bureau (GNIB) and showing the immigration stamp (b) Passport endorsement (The period of permission shown in the certificate and the passport should match.)	YES <input type="checkbox"/> NO <input type="checkbox"/>

¹EEA (European Economic Area) comprises Member States of the European Union, Iceland, Leichenstein and Norway

Section 2: Eligibility to practise as a Chiropodist/Podiatrist in the country in which you obtained your qualification

1. Are you eligible to practise as a Chiropodist/Podiatrist in the country in which you obtained your qualification? _____ YES ☐ NO ☐
2. What is the qualification necessary to practise as Chiropodist in the country in which you obtained your qualification (*if you are an EEA national, please refer if necessary to the contact point for Directive 2005/36/EC in your home Member State (see Annex ?)*)

3. Do you possess this qualification: _____
4. Institution where obtained: _____
5. Course duration (number of years)

6. Please provide contact details (name, address, telephone number, email) of the national competent authority which should verify that your qualification meets the standard to practise in the country in which you obtained your qualification (*if you are an EEA national, please refer if necessary to the contact point for Directive 2005/36/EC in your home Member State.*) This competent authority should provide you with documentary evidence to submit with your answers to questions 2 & 5)

7. Have you practised in any country other than that in which you obtained your professional chiropody/podiatry? _____ YES ☐ NO ☐

If so, in which country(ies) _____

Please submit a copy of the documentary evidence, accompanied by notarised translation into English if not in this language, of the recognition of your qualifications by this country(ies)

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Please submit notarised copies, accompanied by notarised translation into English if they are not in this language ,of:

- (i) *evidence of the qualification giving access to the profession of Chiropody/Podiatry in the country in which you obtained your Chiropody/Podiatry qualification;*
- (ii) *verification from the relevant competent authority there that this qualification confers eligibility to practise as Chiropodist/Podiatrist in that country.*

Section 3: Statutory Registration/Membership of Professional Body

<p>Does statutory registration exist in the country where you obtained your qualification? Please give name and address of the registration body</p>	<p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: Address:</p> <p>Contact phone number: Email:</p>
<p>If so, are you statutorily registered? (please submit a notarised copy of your registration document)</p>	<p>Registration Number: Period of registration: Scope of Practice (if defined in your Registration):</p>
<p>Are you a member of a professional body in the country where you obtained your qualification? (please provide notarised copy of a Letter of Good Standing² from the professional body)</p>	<p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name: Address:</p> <p>Contact phone number: Email: Membership Number: Period of registration: Scope of Practice:</p>

You should complete a separate sheet for each country in which you have worked

²the 'letter of good standing' should be on the letterhead of the professional body, bear an original signature of an authorized representative of that Body and should be no more than 3 months old on the date of submission. It should include how long you have been a member and that you:

- a) have abided by the Code of Conduct/ethics of the professional body
- c) continue to meet requirements for membership through continuing professional development
- d) are /have not been subject to any disciplinary investigations/ sanctions

Section 4. QUALIFICATIONS IN CHIROPODY/PODIATRY

Please list all your degrees and qualifications in chiropody/podiatry in chronological order, starting with the first.

(If the space provided is insufficient, please re-print this page to accommodate additional information and attach with your application)

Full title of the course ³ as named by the degree awarding authority	Degree and grade obtained ⁴	State date Completion date Date awarded (month & year)	Type of study and Assessment method ⁵	Name of University Institute, college or other degree awarding authority	Name of Accrediting Body
Undergraduate					
Post-graduate					

Please enclose:

- (i) *a certified transcript of all your examination results for each course in Chiropody/Podiatry, showing the subjects examined and the grades obtained;*
- (ii) *a copy of the syllabus of the Chiropody/Podiatry course which you undertook showing details of subjects taken in each year, subject content and the number of hours of study in each subject.*

³ Please give the full title of your degree exactly as shown on the degree certificate

⁴ Please give the abbreviated title of your degree with your honours classification, for example, B.Sc

⁵ Indicate whether course was full time/part time/distance learning; and proportion of course work and clinical placement and how it was assessed e.g. course work 60% clinical placement 40%

Indicate below how you see your chiropody/podiatry training as meeting the requirements in relation to some or all of the following components, which are required of Irish under-graduates:

- include only courses in chiropody/podiatry;
- indicate clearly which courses were taken at an advanced level; and
- include cross-references to the supporting documentation you have submitted, e.g. the course code from your official transcripts

Component	Information from Applicant	Transcript Course Reference Number
Anatomy and Locomotion		
Histology		
Physiology		
Immunology		
Podiatric Orthopaedics and biomechanics		
Systemic and Podiatric Pathology		
Podiatric Therapeutic Services		
Health Promotion		

Section 5: CLINICAL PLACEMENTS UNDERTAKEN DURING PROFESSIONAL EDUCATION

Full title of training course: _____ **From:** _____ **to:** _____ (insert month and year)

Year 1 _____ weeks **Year 2** _____ weeks **Year 3** _____ weeks **Year 4** _____ weeks **Year 5** _____ weeks

Proportion of total course time allocated to clinical placement experience _____%; to academic teaching _____%

Please give details of supervised placements during your professional training course indicating, where appropriate, if you have obtained clinical experience in the following placement settings

	Placement Setting	Dates From/to	Number of Placement Days	Frequency of Supervision	Name & Position of Supervisor	Method of Assessment
1	Diabetes					
2	Orthopaedics					
3	Rheumatology					
4	Dermatology					
5	Vascular					
6	High-risk					
7	Other					
8	Other					

5.1: ADDITIONAL INFORMATION ON PLACEMENTS DURING TRAINING

For each placement please provide details of presenting problems, age ranges, skill development, assessment/therapeutic interventions, multi-disciplinary contact, assessment and evaluation of placement
(If the space provided is insufficient, please re-print this page to accommodate additional information and attach to your application)

Placement 1	
Placement 2	
Placement 3	
Placement 4	

Section 6: Post-Qualification Employment as a Chiropodist/Podiatrist
(not applicable to newly-qualified graduates)

(If shortfalls in your academic qualifications are identified, post-qualification professional experience of the applicant must be considered so it is important that you provide complete information on your post qualification work experience as a practising chiropodist/podiatrist.)

If the space provided is insufficient, please re-print this page to accommodate additional information and attach to your application

Job Title⁶	Employing service	Dates From and Date to⁷	Hours per week	Conditions Seen	Types of Treatment and % of overall activity	Person/service which may be contacted to verify your work experience⁸

⁶ please indicate if employed or self employed; indicate with a bracket or in some other way any appointments you have held (or hold) concurrently;

⁷ It will be assumed that you are not working as a chiropodist/podiatrist during any period not accounted for in your employment record.

⁸The Podiatry ROQC, Department of Health and Children and/or the HSE reserve the right to contact these contacts to verify work experience. If you have been self-employed, you will be asked to produce evidence of professional practice such as insurance cover, letters of referral from appropriate health professionals, tax returns etc

SECTION 7: CONTINUOUS PROFESSIONAL DEVELOPMENT

Please list, in reverse chronological order, the chiropody/podiatry courses you have undertaken, if any, since you completed your principal chiropody/podiatry education.

(If shortfalls in your initial academic qualifications are identified, post-qualification training must be considered so it is important that you provide complete information on any post-qualification training)

Duration & Dates Undertaken	Institution	Title of Course	Experience acquired

SECTION 8: REFEREES

Please provide the names of two referees⁹ who should be previous employers, academics or other health professionals (e.g. medical practitioners) with whom you have had previous professional association.

Name of Referee	Position/Title	Professional relationship with you	Address	Phone and/or Fax Number	Email address

⁹The Chiropody/Podiatry ROQC, Department of Health and Children and/or the HSE reserve the right to contact these contacts to verify the information provided

Section 9: Declaration by Applicant

Any recognition granted on the basis of fraudulent or falsified information, material misrepresentation or misstatement designed to mislead shall be invalid. The onus for ensuring the full and accurate disclosure of information rests with the applicant.

- **I declare** that the information given in this document and in all attached documentation is true and accurate.
- **I declare** that I have not made a previous application for validation/recognition as a chiropodist/podiatrist in Ireland.
- **I declare** that I am eligible to practise as a chiropodist/podiatrist in the country where my professional qualification in chiropody/ podiatry was obtained.
- **I declare** that I have not been found guilty by any statutory registration/ licencing body or professional body having jurisdiction in the matter of any professional misconduct within the scope of my profession as a chiropodist/podiatrist resulting in the imposition of any suspension, fine, penalty or disciplinary measure.
- **I declare** that, subject to my qualifications being recognised, I am fit and proper to practise as a chiropodist/podiatrist in Ireland.
- **I understand** that failure to disclose full information, or any deliberate misrepresentation of information, is a serious matter and will invalidate my application.
- **I understand** that I may be required to submit further documentary evidence in support of any particulars given by me on my application form.
- **I understand** that any false, misleading or incomplete information submitted by me will result in the revocation of the recognition of my qualifications.
- **I agree** to notify the NVO in writing, of any change of personal details, e.g. change of surname or address, as and when any such changes occur.

❖ Failure to sign the application form will render it invalid

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

COMPLETED FORMS

Forms should be completed in typed text, signed by the applicant, and submitted with all accompanying documentation to:

**National Validation Office - Health and Social Care Professionals
HR Directorate
HSE
Merlin Park
Galway**

Please send 2 copies of all documentation (the application form and accompanying documentation). We recommend that you keep a full record of your application as we cannot accept responsibility for any loss that occurs. It would be helpful if, as well, you emailed a copy of your application form to: annette.lyons@hse.ie but it is still essential to submit the complete hard copy and associated documentation.

All documentation must be authenticated/notarised as true copies of the originals.

If documents are provided in any language except English, authenticated translations must be supplied with the original document.

Applicants should ensure that all required documentation is attached as incomplete applications may result in an incomplete assessment of your qualifications/ work experience.

The NVO office may get in touch with an applicant during the process, by email, if provided, or in writing. The formal decision will issue from the Department of Health and Children on behalf of the Minister for Health and Children.

SCRUTINY FEE: A fee is payable to the Podiatry ROQC for its advice on the assessment process. A bank transfer in the sum of €800 should be made to the following bank account:

BIC: AIBKIE2D
IBAN: IE37AIBK93715009774002

Please submit documentary evidence that this transfer has taken place.

Recognition of professional qualifications is not to be regarded as an endorsement or a declaration of the applicant's suitability for employment in any particular post, which is a separate matter for assessment by the employer in the normal way in accordance with the prescribed selection criteria.

Annex 1
Documents to be submitted with your application
DO NOT SEND ORIGINAL DOCUMENTS

Please submit notarised copies of:

1. Photographic proof of identity and of citizenship e.g. notarised copy of passport. (in the event of a name change (such as where the name on your photographic ID and your certificates of qualifications differ), please submit notarised evidence of such change e.g. marriage certificate).
2. If you are not an EEA national but you are legally resident in Ireland, please supply a notarised copy of:
 - (a) Your certificate of registration (documentary evidence that you are lawfully in the state which is issued by the Garda National Immigration Bureau (GNIB) and showing the immigration stamp
 - (b) Passport endorsement(The period of permission shown in the certificate and the passport should match.)
3. Documentary evidence of the qualification necessary to practise as Chiropodist in your home country. (if you are an EEA national, please refer if necessary to the contact point for Directive 2005/36/EC in your home Member State; if you are not an EEA national please provide contact details to verify this.)
4. The diploma(s) and/or degree(s) leading to your qualification(s) in Chiropody/Podiatry.

(If a post-graduate qualification in Chiropody/Podiatry is presented, please include any undergraduate qualifications).
5. Certified transcript of all your examination results for each course in Chiropody/Podiatry, showing the subjects examined and the grades obtained.
6. Copy of the syllabus of the Chiropody/Podiatry course which you undertook showing details of subjects taken in each year, subject content and the number of hours of study in each subject.
7. If you are statutorily registered, documentary evidence of your registration
8. If you are a member of a professional body, a notarised copy of the letter of good standing from that Body.
9. Documentary evidence of bank transfer of application fee.

All documentation must be in English¹⁰ and all copies must be notarised¹¹

¹⁰ if not in English, an authenticated translation must accompany a copy of the document

¹¹ by a Justice of the Peace, Public Notary (see www.publicnotary.ie), or member of the Garda Síochána force. The signatory must not be a relative of the applicant. The signatory:

- (a) must SEE the original document and sign to that effect on the photocopy
- (b) must state that the photocopy is a true copy of the original document which has not been altered in any way, by writing "This photocopy is a true copy of the original document which has not been altered in any way" on the photocopy
- (c) must PRINT their name, position and contact address and telephone number on the photocopy
- (d) must DATE the copy
- (e) must sign the photocopy using black ink