

THE REGISTRATION COUNCIL FOR CLINICAL PHYSIOLOGISTS

Application for Registration

Please complete this form legibly in English 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. Subscripts refer to the accompanying guidance notes which can be found at the back of the form.

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: 1 Date of Birth:

Surname: Maiden Name:

Given name(s):

Address for correspondence: 2

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Postcode: Telephone: Fax:

Speciality: 3

PROPOSERS: 4

(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 dates: ⁶

Examination	Awarding Body	Year Achieved

MEMBERSHIP OF PROFESSIONAL BODIES: (not mandatory): ⁷

Professional Body	Category of Membership	Membership Number	Year of Joining

PRIZES, HONOURS AND AWARDS WITH DATES: 8

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ARTICLES AND PUBLICATIONS: 9

Please submit on a separate sheet(s)

ANY OTHER INFORMATION YOU WISH TO DRAW TO THE ATTENTION OF THE COUNCIL: 10

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PROFESSIONAL RECORD:

Present position:

Grade:

Date appointed:

Work Address:

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.....

Previous positions, in chronological order: 11

Post Grade:

From: *To:*

Post Grade:

From: *To:*

Post Grade:

From: *To:*

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)

Name (Printed):

Name (Signed):

Date:

Please send completed form to:

RCCP Administrator
Registration Council for Clinical Physiology
Suite 4, Sovereign House
Gate Lane
Boldmere
Sutton Coldfield
Birmingham
B73 5TT

Email: rccpadmin@rccp.co.uk

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

Admission to the Register requires the satisfactory completion of a recognised Clinical Physiology training programme or equivalent, together with evidence of additional training and experience over a period of four years in total. You may submit up to two references. You are required to submit a report covering the period of employment during and after 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:

- i) experience to demonstrate competence in:
 - a) Performing a range of diagnostic and therapeutic techniques including calibration and quality control procedures as appropriate
 - b) Communication with clinical and paramedical staff
 - c) The interpretation of results and/or development of treatment plans
 - d) Managing and planning your work activity
 - e) Presentation of work at professional meeting: 12
 - f) Teaching and training: 13

Please identify the attainment of these competencies within each area of employment (eg. as an MTO, as a nurse etc)

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

NOTE: Please use the above points as sub-headings in your report.
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DETAILS OF 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:				

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DETAILS OF ATTENDANCE AT ANY RELEVANT TRAINING COURSES / STUDY DAYS
(continue on separate sheet if necessary)

Course Title & Main Subject	Length of Course	Date Commenced	Date Completed	Full-time or Part-time	Qualification Obtained or Outcome

PROFESSIONAL MEETINGS ATTENDED AND CPD ACTIVITY UNDERTAKEN

Date	Meeting / Seminar/ Course Details

CONFIRMATION OF EXPERIENCE AS A CLINICAL PHYSIOLOGIST

Attach a minimum of one comprehensive written reference (at least one side of A4) by your Head of Department and /or Clinical Head or Lead 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

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

<p>First Referee:</p> <p>Name:</p> <p>Address:</p> <p>Current Position:</p> <p>Qualifications:</p> <p>Telephone number</p>

<p>Second Referee:</p> <p>Name:</p> <p>Address:</p> <p>Current Position:</p> <p>Qualifications:</p> <p>Telephone number:</p>

DETAILS OF EMPLOYMENT AS A CLINICAL PHYSIOLOGIST

Please supply the following information for **EACH** Clinical Physiologist post that you have held including your training post (if you require more space use additional sheets).

Please photocopy, Print extra (electronic Version), Or follow this pages format on separate sheets for each post held.

Name of employer:

Address of employer:

Telephone number:

Location:

Full-time or part-time: From: TO:

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

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