**PLEASE READ THE GUIDANCE NOTES FOR APPLICANTS BEFORE COMPLETION.**

**APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY.**

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| Scope of Practice: | Medical Engineering Radiation Engineering Rehabilitation Engineering Renal Technology  Nuclear Medicine Radiotherapy Physics Radiation Physics  Bone Densitometry  Sonography | | | |
| Title: | Dr  (Academic award such as PhD)  Dr  (Registered with the GMC without a license to practice)  Dr  (Medical qualifications but not registered with the GMC as a medical practitioner)  Prof  Mr  Mrs  Miss  Ms  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If you are a registered with the General Medical Council (GMC) as a doctor with a license to practice, then we cannot accept you on the RCT register. If you are registered with the GMC, but without this licence, then we are we able to do so. Although the title of doctor is not legally protected it still must not be used if it misleads a member of the public into believing that you are registered with the GMC with a licence to practice. Details can be found at http://www.gmc-uk.org/ | | | | |
| First name(s): |  | | Surname: |  |
| Gender: | MaleFemale | | Date of birth: |  |
| **Employment Status**  I am an employee.  I am an employee and also work independently.  I am self-employed or run my own company and have no direct employer.  I am not currently in post but seeking work.  I am not working and not seeking work.  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Current Job Title: |  | | Current Employment Grade: |  |
| Employer: |  | | Date Appointed: |  |
| Work address (including department and postcode): | | | Home address (including postcode): | |
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| Email (work): | | | Email (home): | |
| Telephone (work): | | | Telephone (home): | |
| Please send correspondence to: WorkHome | | | Mobile number: |  |
| **Primary Route Qualification** – Please include a verified copy of your primary route qualification certificate when you submit your application. If you do not hold one of the below qualifications you should apply via the Equivalence Route.  Practitioner Training Programme (PTP) Degree - **please specify below**  CASE accredited qualification - **please specify below**  Royal Osteoporosis Society (formerly National Osteoporosis Society) Certificate of Competence  IPEM Technologist Training Scheme  Association of Renal Technologists Training Scheme | | | | |
| Institution: | |  | | |
| Qualification: | |  | | |
| Subject(s): | |  | | |
| Grade: | |  | | |
| Year: | |  | | |

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| **Membership of Professional bodies** | | | | | | |
| Professional Body (1): | |  | | | | |
| Current grade: | |  | | Membership No: | |  |
| Professional Body (2): | |  | | | | |
| Current grade: | |  | | Membership No: | |  |
| Have you been removed from any professional register? -  Yes  No | | | | If yes, please state which Register: | | |
| Have you ever been subject to disciplinary proceedings or practice requirements in relation to a UK statutory regulatory body?  YesNo | | | | If yes, give details: | | |
| Have you ever been subject to disciplinary proceedings or practice requirements in relation to a non-UK statutory regulatory body?  YesNo | | | | If yes, give details: | | |
| Can you confirm you have suitable and sufficient primary professional indemnity insurance in place where this is not provided by your employer?  YesNo | | | | | | |
| **Applicant’s undertakings:**  I wish to apply for admission to the Register of Clinical Technologists and declare that the information I have given in this application is, to the best of my knowledge, accurate and true. I agree to be governed by the Register of Clinical Technologists Code of Professional Conduct, and accept that any breaches of the Code of Conduct will be dealt with under the Fitness to Practise Procedure. I accept that I have a responsibility to maintain a continuous, up-to-date and accurate record of my CPD activities and I understand that I may be selected to participate in the annual CPD audit process.  By signing below, I also confirm I have suitable and sufficient primary Professional Indemnity Insurance in place where this is not provided by my employer, which I understand is a requirement of the RCT. | | | | | | |
| Signature of applicant: | | | | Date: | | |
| **References** | | | | | | |
| Your references should normally be Registered Clinical Technologists or Registered Clinical Scientists (\*please state registration number below). Those who are not Registered Clinical Technologists or Scientists should indicate their professional status. **One of your Proposers MUST be your current Line Manager or Head of Department.**  Your references should be in a position to make informed comment on the scope and level of your practice and, if possible, should be an employer or former employer – You should only use a former employer if you do not have a current employer. If you are in receipt of a job offer you should provide your prospective employer as a reference along with a copy of your job offer. Friends and relatives are not acceptable. Unless there are exceptional circumstances, **we will not accept references who are not UK based**. If possible, at least one referee should be registered with a statutory regulatory body in the UK such as the GMC, HCPC or NMC. | | | | | | |
| *We, the undersigned, propose the candidate, from personal knowledge, as a person worthy of consideration for admission to the Register of Clinical Technologists. We endorse the accuracy of those parts of the application we have verified by our initials, reference sets of which are given with our signatures.* | | | | | | |
| **Reference 1 (Line Manager/Head of Department):** | | | **Reference 2:** | | | |
| Title: | | Initials: | Title: | | | Initials: |
| Name: | | | Name: | | | |
| Job title: | | | Job title: | | | |
| Work address (including department): | | | Work address (including department): | | | |
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| Relationship to you: | | | Relationship to you: | | | |
| Professional registration: | | | Professional registration: | | | |
| \*Registration number: | | | \*Registration number: | | | |
| Signature: | | | Signature: | | | |
| Email: | | | Email: | | | |
| Date: | | | Date: | | | |
| Line Manager/Head of Department statement of support (this section **must** be completed): | | | | | | |
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| For office use only | Date received: | | | | Ref no: | |

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| **Application checklist:** |
| All applications for the Primary Route **must** include the following documents:  One copy of the application form.  One copy of your educational and training certificates (initialled by your Proposers).  One copy of a detailed curriculum vitae that describes your relevant work experience since leaving full-time education. This should list all posts held including dates, job title, grade (if appropriate), brief details of the duties of each post, educational and other achievements, and details of any training undertaken.  One copy of your organisation chart showing the position of your current post within your current place of employment (each copy initialled by your Proposers).  **Applications that do not contain all required documents will not be accepted.**  Applications must be submitted electronically to [enquiries@therct.org.uk](mailto:enquiries@therct.org.uk) – We cannot accept any application submitted by post.  **Declaration on health and conduct**  **Health**  In common with other Registers, it is the policy of the RCT, when a person first applies to join the Register, to ask them to sign a declaration to confirm that they do not have a health condition that would affect their ability to practise their profession. The Declaration of Health and Conduct Issues policy is available on the RCT website at [www.therct.org](http://www.therct.org).  You only need to declare information about a health condition if you believe that your health may affect your ability to practise safely and effectively. If you don't provide accurate information in your application, or you fail to provide all the relevant information, and this comes to light, this will be dealt with through the Fitness to Practise Procedure and you may be removed from the Register.  Once registered, you will be asked to confirm that your health does not affect your ability to practise when you renew your registration each year.  You only need to declare changes to your health that affect your ability to practise when you renew your registration, but you may choose to inform the RCT about changes to your health at any other time if you wish to.  **Conduct**  Applicants are also required to declare whether they:   * have ever been convicted of a criminal offence or received a police caution or conditional discharge for a criminal offence other than a `protected caution' or `protected conviction' (i.e. one that would be filtered out from a DBS/AccessNI check, and does not need to be disclosed for jobs that are subject to standard or enhanced DBS/AccessNI checks. For full information on which cautions and convictions are   protected, see [https://www.gov.uk/government/publications/dbs-filtering-guidance /](https://www.gov.uk/government/publications/dbs-filtering-guidance%20/) <https://www.nidirect.gov.uk/articles/information-disclosed-in-a-criminal-record-check>)   * have ever been disciplined by a professional or regulatory organisation or their employer or educational establishment; or * have ever had civil proceedings other than a divorce or dissolution of a civil partnership brought against them (e.g. lawsuits brought to claim compensation, or for breaking the terms of a contract).   **Driving offences**   * Fixed-penalty motoring offences (such as speeding, breach of load restrictions, use of mobile phone whilst driving) do not need to be declared. Other convictions should be declared.   If you do not provide accurate information in your application or subsequently, or you fail to provide all the relevant information, and this comes to light, this will be dealt with through the Fitness to Practise Procedure and you may be removed from the Register.  While you remain on the RCT, you have a responsibility to inform the Register immediately about any convictions or cautions you receive whilst registered. You must also inform the Register of any professional, regulatory or disciplinary proceedings taken against you by a professional body, a regulator, educational body or your employer. Any such proceedings should be reported as soon as the outcome is known, and you should not wait for the annual re-registration declaration to declare these. You can contact the Register by emailing [enquiries@therct.org.uk](mailto:enquiries@therct.org.uk)  Information on health or conduct issues declared at the time of application will be considered by the registration assessors, who will make a recommendation to the Management Board about whether the individual should be admitted to the Register (if all other requirements have been met).  Information on health or conduct issues declared by existing registrants will be passed to the Professional Conduct Committee (PCC) of the RCT to be dealt with under the Fitness to Practise Procedure, a copy of which is posted on the RCT website for registrants and the public to consult.    **Please tick both boxes and sign below:**  **I confirm that I do not have any health condition that I believe will affect my ability to practise safely and effectively.**  **I confirm that I do not have any convictions, cautions, or civil or disciplinary proceedings as set out above, to declare.**  Signature ……………………….……. Name ……………………………………  Date …………………………….    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Application and Renewal Fees**  Please see the [RCT website](http://therct.org.uk/how-to-join-the-register/fees-and-ways-to-pay/) for current application fees  After your application has been received we will contact you with instructions on how to pay your application fee online.  Payment of application fee does not guarantee admission to the register. The fee covers the cost of reviewing your application. If your application is accepted your application fee will cover your first year of registration.  Registration runs from 1st of January to 31st of December. Renewals must be paid via Direct Debit. Direct Debit forms are available from the [RCT website](http://therct.org.uk/how-to-join-the-register/fees-and-ways-to-pay/) and must be submitted to [enquiries@therct.org.uk](mailto:enquiries@therct.org.uk) no later than 31st of January after the end of your first year of registration.  Renewal fees can be paid annually or monthly and will renew automatically. |