

PLEASE READ THE GUIDELINES FOR APPLICANTS BEFORE COMPLETION. ALSO USE THIS FORM FOR RE-APPLYING AFTER BEING PREVIOUSLY REMOVED FROM THE REGISTER

Title  First Names  Date of Birth \_\_\_\_\_

\_\_\_\_\_ Surname  DD/MM/YYYY

Other (Please specify)

Home Address  Work Address (including department)

Post Code \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Correspondence Address:  Home Address or  Work Address  Tick this box if you have previously been registered on the RCT. State RCT number (if known): CTO.....

	First Academic Qualification	Second Academic Qualification	Third Academic Qualification
Institution	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Information (training, projects, publications)	<input type="text"/>		
Route Applying For	<input type="radio"/> Primary <input type="radio"/> Equivalence		<i>(if necessary, continue on a separate sheet, clearly labelled with your name and continuation point)</i>

Present Appointment \_\_\_\_\_ Current Grade \_\_\_\_\_

Employer \_\_\_\_\_ Date Appointed \_\_\_\_\_

Specialist Area DD/MM/YYYY

- Medical Engineering   
  Radiation Engineering   
  Rehabilitation Engineering   
  Renal Technology  
 Nuclear Medicine   
  Radiotherapy Physics   
  Radiation Physics   
  Other

(Only use 'Other' in the exceptional circumstance that you cannot choose one of the above disciplines).

Professional Body (1) \_\_\_\_\_

Current Grade \_\_\_\_\_ Membership No \_\_\_\_\_

Professional Body (2) \_\_\_\_\_

Current Grade \_\_\_\_\_ Membership No \_\_\_\_\_

Registered with (i.e. HCPC) \_\_\_\_\_ Have you been removed from any Register? - State Y/N.  
If yes, please state which Register. \_\_\_\_\_

From time to time the professional organisations which run the RCT may wish to contact you with regard to matters which may be of interest to you. These may include information regarding meetings, training or professional development opportunities. If you do not wish to receive such information please tick this box

**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 that I personally hold or am covered by my Employer's Indemnity Insurance, which is a requirement of the RCT.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Proposers (see point 6 of the Guidelines for full details)**

*Proposers 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.*

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.

Proposer 1	Title	Initials	Proposer 2	Title	Initials
Name	_____	_____	Name	_____	_____
Work Address	_____		Work Address	_____	
Professional Qualifications	_____		Professional Qualifications	_____	
*Registration No:	_____		*Registration No:	_____	
Signature (Proposer 1)	_____		Signature (Proposer 2)	_____	
Email	_____	Date	_____	Email	_____
	_____		_____		_____

In order to process your application you **MUST** provide the following: -

- One copy of the application - which must contain:
  - 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).
  - The application form (this should be the original application form and not a copy).
- The non-refundable application fee (please see the RCT website for current fees: www.therct.org.uk) - cheques should be made payable to IPHEM.
 

**PLEASE NOTE - Additional documentation including a copy of your current job description, portfolio and evidence matrix are required for Equivalence Applications - please refer to the RCT website for further information.**

For office use only	List. No.	Date Received	Ref No
	_____	_____	_____

Please send completed form and all supporting information together with a non-refundable Application fee to: **RCT Registrar, Fairmount House, 230 Tadcaster Road, York, YO24 1ES**



## 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 check, and does not need to be disclosed for jobs that are subject to standard or enhanced DBS checks. For full information on which cautions and convictions are protected, see <https://www.gov.uk/government/publications/dbs-filtering-guidance>)
- 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.

## Declaration on health and conduct continued

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 Panel 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** .....

**Please return this form as part of your application to the RCT.**

**Thank you**