

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

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 Re-Applying under Primary Equivalence *(if necessary, continue on a separate sheet, clearly labelled with your name and continuation point)*

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 other Register? State Y/N. If yes, please state which Register. _____

Previous Registration Details

Date first Registered on RCT _____ Date removed from RCT _____

Reason for removal _____

- I can confirm the following
- I have no criminal convictions to prevent me from being re-admitted to the RCT
 - I am participating in CPD
 - I am adhering to the RCT Code of Conduct
 - I know of no other reason why I should not be re-admitted to the RCT

Referees (These should be your current Manager/HOD, plus your last Manager/HOD. If your last Manager/HOD is not available, please ask a senior member of staff, who knows you well. We may contact them for a reference).

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

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

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 re-admission to the Register of Clinical Technologists and declare that the information I have given in this re-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 Rules or the Code of Conduct will be dealt with under the Disciplinary Procedure set out in the Code of Professional Conduct.
 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 _____

For office use only	M/Ship No _____	Date Received _____	Ref No _____
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Please send completed form, plus all required documentation (please refer to RCT website for requirements. Must be verified by both of your Referees), together with the non-refundable Re-Application fee to: **RCT Registrar, Fairmount House, 230 Tadcaster Road, York, YO24 1ES.** (Please see the RCT website for current fees at www.therct.org.uk)



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.

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

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