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

**APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY.**

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| **TRANSFER APPLICATION FORM – APPLICABLE 1 FEBRUARY – 30 APRIL 2021**Thank you for applying to transfer your registration from the Public Voluntary Registration of Sonographers (PVRS) to the Register of Clinical Technologists (RCT). This form is for the transfer of **existing PVRS registrants only** - if you are seeking to join the PVRS for the first time please contact the SoR via **PVRS@sor.org** **Please first visit the SoR website at** [**https://www.sor.org/practice/ultrasound/register-sonographers**](https://www.sor.org/practice/ultrasound/register-sonographers) **Use the search box to confirm you are listed and obtain your PVRS number (Scroll down page).** If you are unable to find your details and the PVRS number on the PVRS website please contact pvrs@sor.orgPlease have the following information to hand to complete this transfer application:* Workplace details
* Details of any current registration

Please complete the application form as fully as you can. Additional enquiries may have to be made if information requested below is not provided which may delay your application.A transfer fee of £26.00 is applicable and this will need to be paid by Direct Debit (mandate can be found at [www.therct.org.uk](http://www.therct.org.uk) ). This is the same amount as the RCT renewal fee and covers the first year of registration with the RCT. |
| **Section A - Personal details**Current Public Voluntary Register of Sonographers (PVRS) number: \_\_\_\_\_\_\_\_\_\_\_\_\_ If you are unable to find your details and your PVRS number on the PVRS website, please contact pvrs@sor.org  |
| 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) 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: | Male [ ]  Female [ ]  Other [ ]  Prefer not to say [ ]  | Date of birth: |  |
| Home address: |
|  |
|  |
|  | Post code: |  |
| Current Job title: |
| Employer: |
| Employer address (including department): |
|  |
|  |
|  |
|  | Post code: |  |
| Preferred work email: | Email (home): |  |
| Please send correspondence to: Work **[ ]** Home **[ ]**  | Mobile number: |  |
| **Employment status:** |
| **[ ]** I am an employee.**[ ]** I am an employee and 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Professional background:** |
| **[ ]**  Clinical scientist**[ ]**  Midwife**[ ]**  Nurse**[ ]**  Radiographer**[ ]**  Chiropractor**[ ]**  Physiotherapist**[ ]**  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section B - Current registration details (if any)** |
| Are you statutorily registered? If YES, please indicate:**[ ]**  Health and Care Professions Council and my registration number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]**  Nursing and Midwifery Council and my registration number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]**  General Chiropractic Council and my registration number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **[ ]** Yes [ ]  No  |
| Have you ever been subject to disciplinary proceedings or practice requirements in relation to a UK statutory or voluntary body?  | **[ ]** Yes [ ]  No  |
| If yes, please give details: |
| Have you ever been subject to disciplinary proceedings or practice requirements in relation to a non-UK (i.e. overseas) statutory or voluntary body?  | **[ ]** Yes [ ]  No  |
| If yes, please give details: |
| **Section C – Declarations**I wish to apply for a transfer of my registration from the Public Voluntary Register of Sonographers 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, or typing, your name 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:**(Please ensure you use your official signature; typed signatures cannot be accepted) | **Date:** |
|  |
| For office use only | Date received: | Ref no: |

**Please tick all boxes and sign below:**

 [ ]  **Having read Appendix A, I confirm that I do not have any health condition that I believe will affect my ability to practise safely and effectively.**

 [ ]  **Having read Appendix A, I confirm that I do not have any convictions, cautions, or civil or disciplinary proceedings as set out above, to declare.**

 [ ]  **Having read Appendix B, I confirm that I agree and give consent to the RCT’s Privacy Policy**

 [ ]  **I confirm that I have a UK based bank account and have completed the Direct Debit mandate below**

Signature ……………………….……. Name ……………………………………

Date …………………………….

Please return this transfer form as an attachment to enquiries@therct.org.uk

The application fee and subsequent renewal fees must be paid by direct debit. A direct debit mandate can be found on the RCT website and **must** be submitted with this application.