

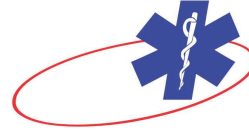


**APPLICATION FORM for REGISTRATION as an ALLIED HEALTH PRACTITIONER
(PART IV)**

(to be completed in block capitals using black ink or typewritten)

Personal details

Surname		First name									
Address		Gender (CIRCLE ONE)									
		<table border="1"> <tr> <td>M</td> <td>F</td> <td></td> </tr> </table>		M	F						
M	F										
		Date of Birth D D - M M - Y Y Y Y									
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Postal Town		Nationality									
E-mail		Phone									
Profession		UK Regulator									
Registration Number	Registration Date	Expiry Date									
Qualifications											
Title	Awarding Body	Date									
Location of Practice in Gibraltar											
Other Information											



List of Enclosures

I have enclosed the following documents (Please tick all the boxes that apply. Add any others.)

REQUIRED OF ALL APPLICANTS	YES	NO
Certified copy of Qualification Certificate -----	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of Passport or Identity document -----	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Career Record covering all periods since qualification-----	<input type="checkbox"/>	<input type="checkbox"/>
VARIABLE FOR INDIVIDUAL APPLICANTS	YES	NO
Certificate of Registration with a UK Regulator -----	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Registration with a non-UK EEA Regulator -----	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Verification by a UK Regulator -----	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Notification to a UK regulator-----	<input type="checkbox"/>	<input type="checkbox"/>
Registration Fee (as appropriate) -----	<input type="checkbox"/>	<input type="checkbox"/>

Declarations

On each line, please tick 'Agree' or 'Disagree'

I declare ...	AGREE	DISAGREE
that I am aware of and will comply with the provisions of the Medical & Health Act 1997.	<input type="checkbox"/>	<input type="checkbox"/>
that I have not been convicted of a criminal offence and there are no criminal charges outstanding against me nor do I know of any circumstances which may give rise to my being charged with a criminal offence	<input type="checkbox"/>	<input type="checkbox"/>
that I have not been found guilty of professional misconduct and there are no allegations outstanding against me, nor am I aware of any circumstances which may give rise to any such allegations	<input type="checkbox"/>	<input type="checkbox"/>
that I have not been prohibited from practising my profession by any responsible authority	<input type="checkbox"/>	<input type="checkbox"/>
that as far as I am aware, I am not suffering from any illness or incapacity which could impact on my ability to undertake my duties	<input type="checkbox"/>	<input type="checkbox"/>
that all the information supplied in this form is correct	<input type="checkbox"/>	<input type="checkbox"/>

Note : (1) If any answer is 'DISAGREE', provide full details including the name of Court (or Tribunal), dates and findings.

(2) to procure registration by making false representation is an offence under Section 75 of the Act.

Signed

Date

NOTES TO ASSIST WITH APPLICATIONS FOR REGISTRATION

These notes are offered for guidance and should not be construed as interpretations of the law.

- 1. General rules:**
 - a) Registration will be granted for a period of one year, renewable after this on application to the Board.
 - b) All documents not in English must be accompanied by a notary attested translation into English.
 - c) Overseas applicants unable to produce all the documents may submit a partial application prior to their arrival in Gibraltar, although registration will only be granted upon the full application being received.
 - d) The Board may at its discretion require additional information beyond this form to consider this application.
- 2. Registration Fee.** Registration fees applicable under Schedule 2 of the Act must be enclosed. Fees are waived for persons who can produce evidence of registration with the UK or EEA Regulator for the duration. Payment should be made either by Cash (sterling only) or Cheques payable to 'Government General Account'. Part of the fee may be refundable if the application is unsuccessful.
- 3. Certificate of Registration with the UK / EEA Regulator.** Please note that Certificates will be subject to verification procedures and any serious unresolved discrepancies could be interpreted as fraudulent.
- 4. EEA States are:** Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Republic of Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.