

# Making a declaration to the Health and Care Professions Council (HCPC) concerning the temporary provision of services<sup>1</sup>

## Guidance notes

**Please note that this guidance is for reference only. DO NOT submit with the declaration. Please make sure that you read this guidance before completing the declaration form.**

### Who can use this form?

This application form is to be used by visiting professionals from a relevant European State.

If you are established elsewhere in the European Economic Area (EEA) or Switzerland within one of the professions regulated in the UK by the Health and Care Professions Council and would like to practise on a temporary and occasional basis in the UK, you may apply for temporary registration with us.

Currently the other relevant European States are:

<b>AT</b> - Austria	<b>FI</b> - Finland	<b>MT</b> - Malta
<b>BE</b> - Belgium	<b>FR</b> - France	<b>NL</b> - Netherlands
<b>BG</b> - Bulgaria	<b>HR</b> - Croatia	<b>NO</b> - Norway
<b>CH</b> - Switzerland	<b>HU</b> - Hungary	<b>PL</b> - Poland
<b>CY</b> - Cyprus	<b>IE</b> - Ireland	<b>PT</b> - Portugal
<b>CZ</b> - Czech Republic	<b>IS</b> - Iceland	<b>RO</b> - Romania
<b>DE</b> - Germany	<b>IT</b> - Italy	<b>SE</b> - Sweden
<b>DK</b> - Denmark	<b>LI</b> - Liechtenstein	<b>SI</b> - Slovenia
<b>EE</b> - Estonia	<b>LT</b> - Lithuania	<b>SK</b> - Slovakia
<b>EL</b> - Greece	<b>LU</b> - Luxembourg	
<b>ES</b> - Spain	<b>LV</b> - Latvia	

### What is temporary registration?

Temporary registration is governed by the Directive 2005/36/EC, which makes it easier for qualified professionals to exercise free movement rights. That Directive is given effect in the UK by the European Communities (Recognition of Professional Qualifications) Regulations 2007 (the Regulations).

Temporary registration applies only to those visiting professionals who wish to provide services in the UK on a **temporary and occasional basis**. Once registered, the professional is entitled to use their Home State title, in the language of that State, and **cannot** use one of the titles regulated by the HCPC.

### What professions does the HCPC regulate?

The HCPC Register currently consists of the following professions:

<b>Part 1</b>	Arts therapists
<b>Part 2</b>	Chiropodists / podiatrists
<b>Part 3</b>	Clinical scientists
<b>Part 4</b>	Dietitians
<b>Part 5</b>	Biomedical scientists
<b>Part 6</b>	Occupational therapists
<b>Part 7</b>	Orthoptists
<b>Part 8</b>	Paramedics
<b>Part 9</b>	Physiotherapists
<b>Part 10</b>	Prosthetists / orthotists
<b>Part 11</b>	Radiographers
<b>Part 12</b>	Speech and language therapists
<b>Part 13</b>	Operating department practitioners
<b>Part 14</b>	Practitioner psychologists
<b>Part 15</b>	Hearing aid dispensers
<b>Part 16</b>	Social workers in England

<sup>1</sup> Please attach a copy of any declaration and if applicable, of the first declaration made.

### Criteria for temporary registration:

In order to apply for temporary registration with the HCPC you must:

- be a national of a relevant European State or have similar acquired rights;
- be established to practise a relevant profession within a relevant European State other than the UK; and
- have moved to the UK to provide professional services on a 'temporary and occasional' basis, having regard to the duration, frequency, regularity and continuity of those services.

### Where can you find out more about temporary registration?

- You can visit the European Commission's website at [http://ec.europa.eu/internal\\_market/qualifications/future\\_en.htm](http://ec.europa.eu/internal_market/qualifications/future_en.htm)
- You can visit our website at [www.hcpc-uk.org/apply/temporary](http://www.hcpc-uk.org/apply/temporary)  
This page provides useful information about temporary registration. You can also download the full text of the Directive 2005/36 there.
- You may contact **our office** by calling us Monday to Friday, 8am to 6pm on +44 (0)845 300 4472 or +44 (0)20 7582 5460 or via e-mail at [registration@hcpc-uk.org](mailto:registration@hcpc-uk.org)
- The UK National Contact Point ([www.ukncp.org.uk](http://www.ukncp.org.uk)) provides information about the temporary provision of services. You may also contact the National Contact Points in your state of professional establishment.

### Renewal of your declaration

Temporary registration is provided for a period of one year but may be renewed. Decisions on the renewal of temporary registration are made on a case-by-case basis, to ensure that services are being provided on a temporary and occasional basis consistent with the Regulations.

With any renewal declaration you must submit current evidence of your establishment to practise your profession in another relevant European State.

### Supporting documents

Please note that in order for your temporary registration declaration to be considered you must submit:

- a temporary registration declaration form;
- proof of EEA or Swiss nationality or similar acquired rights (certified copy);
- proof of legal establishment to practise your profession in another relevant European State or, in States where the profession is unregulated, appropriate proof of having practised the profession for at least two out of the last ten years. (this document must be an original);
- proof of your professional qualifications (certified copy).

### Translations

All documents other than proof of nationality must be translated into English. The HCPC only accepts certified translations of documents.

### Original documents

Please do not send us any original documents which you may need in the future. Completed applications and declarations received by the HCPC are our property and will not be returned.

### Certified documents

In the section above, we explain what documents you must send with your application to verify your identity. These documents **must be certified** as a true copy of the original by a person of professional standing in the community. This means that the person you ask to certify your document(s) must write on it '**I certify** that this is a true copy of the original document' and must sign it and print their name and professional title. A professional person (eg a registered professional, a solicitor, barrister or other legal practitioner or an accountant) will be recognised as a person of standing in the community as will a:

- a bank manager;
- a Justice of the Peace or other judicial official;
- a minister of the Church, Rabbi, Imam or other recognised religious official;
- a Member of Parliament, Member of Scottish Parliament, Member of the Northern Ireland Assembly, Member of the Welsh Assembly;
- an Officer in HM Armed Forces;
- a teacher or lecturer; or
- a registered health and care professional.

This is not an exhaustive list and if you have any questions as to whether a person is considered to be a person of professional standing in the community please contact us.

**Our standards**

Before submitting the declaration to us you must ensure that you have read and understood our standards of conduct, performance and ethics. You can download this document from the Publications section of our website.

**Processing your declaration**

Please allow approximately four weeks from when we receive your documents for your application to be processed.

If your application is completed correctly and accompanied by all the supporting documents your name will be added to the list of visiting professionals published on our web site. You can view this list at **[www.hcpc-uk.org/apply/temporary](http://www.hcpc-uk.org/apply/temporary)**

If your application is incomplete it will be returned to you with advice on completing it. Once completed and returned to us the application will be processed within approximately four further weeks.

We may make further enquiries related to the information provided by you, such as contacting competent authorities or employers.

**The HCPC may refuse registration or renewal of your registration if you give false information, withhold relevant details or do not meet the criteria for temporary registration.**

**The HCPC to complete this section.**

Name of applicant

Temporary registration number: **TEMP**

## Declaration to the Health and Care Professions Council (HCPC) pursuant to Article 7 of the EC Professional Qualifications Directive (2005/36/EC) concerning the temporary provision of services

### 1. Provision of services – application details:

1.1 This declaration concerns:

- A first provision of services in the United Kingdom (please complete sections 1 to 6)
- An annual renewal of the declaration<sup>1</sup> (please complete sections 1 to 4 and 7 to 9)

1.2 Profession

My application concerns the practise of a profession which corresponds to the following part of the HCPC Register (please tick one box):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Part 1</b> Arts therapists             | <input type="checkbox"/> <b>Part 9</b> Physiotherapists                    |
| <input type="checkbox"/> <b>Part 2</b> Chiroprodists / podiatrists | <input type="checkbox"/> <b>Part 10</b> Prosthetists / orthotists          |
| <input type="checkbox"/> <b>Part 3</b> Clinical scientists         | <input type="checkbox"/> <b>Part 11</b> Radiographers                      |
| <input type="checkbox"/> <b>Part 4</b> Dietitians                  | <input type="checkbox"/> <b>Part 12</b> Speech and language therapists     |
| <input type="checkbox"/> <b>Part 5</b> Biomedical scientists       | <input type="checkbox"/> <b>Part 13</b> Operating department practitioners |
| <input type="checkbox"/> <b>Part 6</b> Occupational therapists     | <input type="checkbox"/> <b>Part 14</b> Practitioner psychologists         |
| <input type="checkbox"/> <b>Part 7</b> Orthoptists                 | <input type="checkbox"/> <b>Part 15</b> Hearing aid dispensers             |
| <input type="checkbox"/> <b>Part 8</b> Paramedics                  | <input type="checkbox"/> <b>Part 16</b> Social workers in England          |

**Please Note: Practice on a temporary and occasional basis must be undertaken using the professional title under which you are established in your Home State and in the language of that State. For example, a Polish ‘fizjoterapeuta’ practising in the UK on a temporary and occasional basis must use that title and not the English equivalents ‘physiotherapist’ or ‘physical therapist’.**

1.3 Previous applications

Have you previously applied for registration or been on the HCPC Register?

- Yes  No

If you answered yes please give your registration / application number:

<sup>1</sup> Please attach a copy of any declaration and if applicable, of the first declaration made.

**2. Identity of applicant:**

2.1 Name of the applicant:

First Name

Surname / Family Name

Previous surname(s)

2.2 Nationality (ies):

<input type="checkbox"/> AT	<input type="checkbox"/> BE	<input type="checkbox"/> BG	<input type="checkbox"/> CH	<input type="checkbox"/> CY	<input type="checkbox"/> CZ	<input type="checkbox"/> DE	<input type="checkbox"/> DK	<input type="checkbox"/> EE
<input type="checkbox"/> EL	<input type="checkbox"/> ES	<input type="checkbox"/> FI	<input type="checkbox"/> FR	<input type="checkbox"/> HR	<input type="checkbox"/> HU	<input type="checkbox"/> IE	<input type="checkbox"/> IS	<input type="checkbox"/> IT
<input type="checkbox"/> LI	<input type="checkbox"/> LT	<input type="checkbox"/> LU	<input type="checkbox"/> LV	<input type="checkbox"/> MT	<input type="checkbox"/> NL	<input type="checkbox"/> NO	<input type="checkbox"/> PL	<input type="checkbox"/> PT
<input type="checkbox"/> RO	<input type="checkbox"/> SE	<input type="checkbox"/> SI	<input type="checkbox"/> SK	<input type="checkbox"/> UK				

Other(s)

2.3 Passport number or Identity card number:

Country of issue  Number

Country of issue  Number

2.4 Gender:

Male  Female

2.5 Date of birth (DD/MM/YYYY):

/  /

2.6 Place of birth:

Town

Country

2.7 Contact details in relevant European State of establishment (your Home State):

House / flat number:

Street name:

Town / city:

Post code:

Country:

Telephone (with dialling codes):

Mobile (with dialling codes):

E-mail

2.8 Contact details in the United Kingdom:

House / flat number:

Street name:

Town / city:

Post code:

Telephone (with dialling codes):

Mobile (with dialling codes):

E-mail

2.9 Which address should we use for our correspondence with you?

Home State  United Kingdom

**3. Profession concerned:**

3.1 Profession pursued<sup>3</sup> in your Home State:

Home State (Country) where you provide(d) your services	Professional title in the language of that State	Professional title in English

3.2 Please state the professional activities for which you will be providing services on a temporary basis in the United Kingdom (list the professional activities):

Professional activities:

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_

**4** \_\_\_\_\_

**5** \_\_\_\_\_

<sup>3</sup> Please indicate the title of the profession in the language of the Member State(s) in which you are established and in English.

**4. Legal establishment in one or more relevant European States:**

For the purposes of this declaration, "legal establishment" refers to the pursuit of the profession in compliance with the rules relating to professional qualifications, including the related training conditions, and all the rules specific to the pursuit of the profession. Legal establishment precludes any prohibition, albeit temporary, from pursuing the profession.

4.1 Is this profession **regulated** in the relevant European State(s) in which you are established?

Yes  No  I do not know

If you answered **no** please move to question 4.4.

Any comments:

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4.2 Are you **legally established** in any relevant European State(s) to pursue the profession referred to in 3.1<sup>4</sup>

Yes  No

If you answered **yes**, in which relevant European State are you legally established?

<input type="checkbox"/> AT	<input type="checkbox"/> BE	<input type="checkbox"/> BG	<input type="checkbox"/> CH	<input type="checkbox"/> CY	<input type="checkbox"/> CZ	<input type="checkbox"/> DE	<input type="checkbox"/> DK	<input type="checkbox"/> EE
<input type="checkbox"/> EL	<input type="checkbox"/> ES	<input type="checkbox"/> FI	<input type="checkbox"/> FR	<input type="checkbox"/> HR	<input type="checkbox"/> HU	<input type="checkbox"/> IE	<input type="checkbox"/> IS	<input type="checkbox"/> IT
<input type="checkbox"/> LI	<input type="checkbox"/> LT	<input type="checkbox"/> LU	<input type="checkbox"/> LV	<input type="checkbox"/> MT	<input type="checkbox"/> NL	<input type="checkbox"/> NO	<input type="checkbox"/> PL	<input type="checkbox"/> PT
<input type="checkbox"/> RO	<input type="checkbox"/> SE	<input type="checkbox"/> SI	<input type="checkbox"/> SK					

Other(s) 

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If **no**, please explain:

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4.3 Are you subject to authorisation or supervision by a competent administrative authority?

Yes  No

If your answer is **yes**, please indicate which one, giving the relevant contact details and your registration or licence number. Please provide supporting evidence of your attestation:

Name of the competent authority 

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Contact details 


Your registration / licence number 

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4.4 If the profession referred to in 3.1 is **not regulated** in the relevant European State(s) in which you are established and you have not undergone regulated education and training for the profession in 3.1 have you acquired professional experience for that profession of at least **two years** during the last ten years on the territory of that State(s)?

Yes  No If you answered **yes** please provide supporting evidence.

Any comments:

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<sup>4</sup> If you are established in more than one relevant European State, please supply the information for each of the States in question.

4.5 Do you belong to a professional association or an equivalent body?

Yes  No

If your answer is **yes**, please indicate which one, giving the relevant contact details and your registration number:

Name of the professional association

Contact details

Your registration/licence number

**5. Supporting documents annexed to this declaration** (if requested)<sup>5</sup>

5.1. You are required to provide the following supporting documentation with this declaration:

Proof of nationality

Attestation(s) of legal establishment

Evidence of professional qualifications

Proof of two years professional experience within the last 10 years (if profession is not regulated in Home State).<sup>6</sup>

**6. Declaration**

I confirm that the information I have provided in this declaration is correct and that I intend to provide services in the United Kingdom on a temporary and occasional basis using my professional title in the language of my Home State.

Print name

Signed \_\_\_\_\_ Date (DD/MM/YYYY)  /  /

<sup>5</sup> To be completed concerning relevant documents required by the legislation of the host Member State and only with a view to a first provision of services.

<sup>6</sup> To be completed only if the profession is not regulated in the Member State of establishment



**7. Renewal Information<sup>7</sup>**

7.1. When did you provide services in the United Kingdom (DD/MM/YYYY)?

From / /  to / /

From / /  to / /

From / /  to / /

From / /  to / /

From / /  to / /

Any comments:

\_\_\_\_\_

\_\_\_\_\_

7.2. Please state under which title(s) you have provided your services in the United Kingdom:

7.3. Please indicate the professional activities carried out during the periods you provided services (please list the activities).

Professional activities:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**8. Other comments such as any changes to the supporting documentation referred to in 5.1**

\_\_\_\_\_

\_\_\_\_\_

**9. Declaration.**

I confirm that the information I have provided in this renewal declaration is correct and that I intend to provide services in the United Kingdom on a temporary and occasional basis using my Home State professional title in the language of that State.

Print name

Temporary registration number: TEMP

Signed \_\_\_\_\_ Date (DD/MM/YYYY) / /

<sup>7</sup> This information will be retained by the competent authority to monitor service provision.