

HEALTH PROFESSIONALS COUNCIL (HPC)

APPLICATION FOR RENEWAL OF REGISTRATION

Please complete and return the ORIGINAL FORM to:

The Registrar of Health Professionals Council

Office No. 18, 2nd Floor, Dockland Building, New Port Road, Victoria

Tel: 4303745 or 4303746 Mobile: 2606128

Email: registrar@hpcseychelles.org



HPC/QR/002

A. PERSONAL DETAILS (Tick as appropriate)

Mr. Mrs. Ms. Dr. Gender: Male Female Registration Number

Surname: _____

Maiden Name (if applicable): _____

First Name: _____

Have you had any change of name/surname since your last registration? Yes No

If Yes, please indicate full name previously registered with: _____
(Please attach proof of Change of name)

National Identity Number:

Marital Status: Divorced Married Single Others

Residential Address: _____ Postal Address: _____

Tel (Home): _____ Tel (Work): _____

Mobile: _____ Email: _____

Checklist: Proof of change of name attached (if applicable)

B. WORK DETAILS

Practising Non-Practising If Non-practising, how long since you last practiced the profession?

Profession(s) renewing registration for: _____

Place of Work: _____ Workplace address: _____
(if practising) _____ (if practising) _____

Supervisor Full Name: _____ Supervisor Tel. No: _____

Have you attended any Continuous Professional Development (CPD) workshop/seminar/training/session during the past two years? If Yes, state the number of Hours & attach relevant proof

YES NO Number of Hours: _____ Sign: _____ Date: _____

Checklist: Proof of CPD attached

C. CERTIFICATE OF CHARACTER

(given by either a Judge, a Magistrate, a Senior Government Officer, a Legal Practitioner, a Medical Practitioner, a Bank Manager or your Supervisor - **OFFICIALLY STAMPED**)

I (Full Name) _____ of (work place) _____, working as _____

certify that the information given on this form is true and correct to the best of my knowledge.

Sign: _____ Date: _____

