



# Health Professionals Council (Seychelles)

Health Professionals Council  
Residence de L'Hermitage  
Block B, Room B2  
Hermitage  
Mahé  
Republic of Seychelles  
Tel: (+248) 4303745/ 2606128  
Email: [registrarhpc@health.gov.sc](mailto:registrarhpc@health.gov.sc)

Please complete this form in BLOCK letters and submit to the HPC Registrar on the address above

## APPLICATION FOR RENEWAL OF REGISTRATION

### A. PERSONAL DETAILS (Tick (✓) as appropriate)

Mr.  Mrs.  Dr.  Ms. Gender:  Male  Female  Other (Please specify): .....

Surname: ..... Name(s): .....

Maiden Name (if applicable): ..... NIN: ---

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

If Yes, please indicate full name previously registered with: .....

(Please attach proof of name change)

Marital Status:  Married  Single  Divorced  Other (Please specify): .....

Residential Address (Local): .....

Postal Address: .....

Tel (Home): ..... Tel (Work): ..... Tel (Cell): .....

Email: .....

### B. WORK DETAILS IN SEYCHELLES (Tick (✓) as appropriate)

Practicing  Non-practicing If non-practicing, what's your current employment?: .....

If non-practicing, how long since you last practiced the profession? .....

Profession renewing registration for: .....

Place of work (if practicing): .....

Supervisor's full name: ..... Supervisor's Tel N<sup>o</sup>: .....

Employer's address (if practicing): .....

### C. PROFESSIONAL DETAILS (Tick (✓) as appropriate)

Have you undertaken any of the following during the past two (2) years?

- a.) Work-based learning? (e.g. coaching, work shadowing, journal clubs, etc...)
- b.) Professional activity? (e.g. mentoring, membership, trainer, consultation, etc...)
- c.) Supplemental education (e.g. attending courses, writing articles, etc...)
- d.) Self-directed learning (e.g. reading journals, writing reports, etc...)
- e.) Others (e.g. strategic planning, voluntary work, etc...)

#### OFFICE USE ONLY:

HPC No: .....  
Recent passport photo   
Updated Curriculum Vitae   
CPD Portfolio   
Receipt N<sup>o</sup>:  
.....

### D. CERTIFICATE OF CHARACTER

(given by either your current supervisor, a Judge, a Magistrate, a Senior Government Officer, a Legal Practitioner, a Medical Practitioner or a Bank Manager – 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.

Signed at: ..... Sign: ..... Date: .... / .... / .....

Official stamp

## E. CHECKLIST

- Completed Application Form for Renewal
- Updated Curriculum Vitae
- CPD Portfolio
- Recent passport-sized photograph