Health Professionals Council (Seychelles)

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

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

APPLICATION FOR RE-REGISTRATION

NB: AN INCOMPLETE FORM WITH MISSING DOCUMENTS WILL DELAY REGISTRATION

A. PERSONAL DETAILS

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Gender: ☐ Male ☐ Female ☐ Other

Surname: …… Maiden name (*if applicable*): ……

First Names (*separated by a comma*): ……

Country of Origin: ……

Passport Number: …… NIN: ☐☐☐ ☐☐☐☐ ☐ ☐ ☐☐

Residential Address in Seychelles:

……
……
……
……
……

Postal Address in Seychelles:

……
……
……
……
……

Tel (Home): (+) …… Tel (Cell): (+) ……

Email (*please provide a valid one*): ……

FOR OFFICE USE ONLY

PROCESSING FEE

Date Received: ……/…… /……

Amount (*SCR*):

……

Receipt No.: ……

Received by: ……

Signed for on behalf: ……

REGISTRATION FEE

Date Received: ……/…… /……

Amount (*SCR*): ……

Receipt No.: ……

Received by: ……

Signed for on behalf: ……

HPC Registration No.: ……

B. WORK DETAILS **IN SEYCHELLES**

The fields below should be completed fully if applicant intends to practice the profession during the course of the registration period. If applicant is non-practicing, please state '*Not Applicable*'.

Practicing or non-practicing: ……

Intended/current place of work in Seychelles: ……

Address of work place: ……

Supervisor's full name (if applicable): ……

Supervisor's position in the intended/current place of work: ……

Supervisor's telephone number: (+) ……

NB: The Council must be notified of any change to the above details after registration.

☐ Certified evidence of name change received (*if applicable*);

☐ Proof of CPD submitted.

☐ Updated curriculum vitae received;

☐ Recent passport-sized photo received.

I hereby apply for registration as a/an (Please select **ONE** from the appropriate category overleaf) …… and hereby make oath and declare that I am the person mentioned in the attached documents submitted by me (or by proxy) in support of my application for registration and declare that all the said documents were granted to me and are my own lawful property; and further to that, I have never been debarred from practicing in any country by reason of misdemeanor or professional misconduct and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge or offense or misconduct is pending against me at present.

Signature: …… Dated this: ……/ ……/ 20……

Signed before me at: …… This …… day of …… 20……

Signature: …… (REGISTRAR OF HEALTH PROFESSIONALS COUNCIL)

C. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION

- ☐ Non-refundable processing fee of Scr300;
- ☐ Certified evidence of any change of name (*if applicable*);
- ☐ Proof of CPD (Continuous Professional Development)
- ☐ Recent curriculum vitae (CV);
- ☐ Recent passport size photo (White Background);
- ☐ Registration fee of Scr300 (Upon successful application).

D. CERTIFICATE OF CHARACTER

Certificate of Character should be given by either a Judge, a Magistrate, a Justice of Peace, a Minister of Religion, a *Senior Government Officer, a Legal Practitioner, a Medical Practitioner or a Bank Manager and who is known to the applicant for at least two (2) years.

I, (full name): ……
of (address) ……..
working as ……
certify that …… (the applicant) is personally known to me for more than two (2) years and that he/she is of good character.

Signature: ……
Date: ……/ ……... / 20……

OFFICIAL STAMP

(Official stamp to be included)

**Senior Government Officer may be either the Head of HR in respective organization or Head of respective department.*

I am applying for registration as a/an:

Acupuncture
- ☐ Acupuncturist
- ☐ Acupuncture Technician

Audiology
- ☐ Audiologist
- ☐ Audiology Technician
- ☐ Ear Mould Technician

Biomedical Laboratory
- ☐ Biomedical Laboratory Technologist
- ☐ Biomedical Laboratory Technician
- ☐ Biomedical Scientist

Dentistry
- ☐ Dental Hygienist
- ☐ Dental Surgery Assistant
- ☐ Dental Technician
- ☐ Dental Technologist
- ☐ Dental Therapist
- ☐ Orthodontic Therapist

Dialysis
- ☐ Dialysis Technician

Emergency Care
- ☐ Emergency Medical Technician

Health Promotion
- ☐ Health Promotion Officer

Health Statistics
- ☐ Health Statistician

Nutrition
- ☐ Dietician
- ☐ Nutritionist
- ☐ Nutrition Technician

Occupational Therapy
- ☐ Occupational Therapist
- ☐ Occupational Therapy Technician
- ☐ Occupational Therapy Assistant

Optometry
- ☐ Optometrist
- ☐ Dispensing Optician

Orthotic
- ☐ Orthotist
- ☐ Orthotic Technician

Pharmacy
- ☐ Pharmacist
- ☐ Pharmacy Technician
- ☐ Pharmaceutical Chemist

Physiotherapy
- ☐ Physiotherapist
- ☐ Physiotherapy Technician
- ☐ Physiotherapy Assistant

Psychology
- ☐ Provisional Psychologist
- ☐ Practitioner Psychologist
- ☐ Psychotherapist
- ☐ Registered Counsellor

Prosthetic
- ☐ Prosthetist
- ☐ Prosthetic Technician

Public Health
- ☐ Public Health Officer

Radiography
- ☐ CT Technologist
- ☐ MRI Technologist
- ☐ Sonographer
- ☐ Radiographer

Speech Pathology
- ☐ Speech Pathologist
- ☐ Speech Pathology Technician