

HEALTH PROFESSIONALS COUNCIL (Seychelles)
APPLICATION FOR RE-REGISTRATION (ONE REGISTRATION PER CADRE/PROFESSION)



Please complete and return the form to:

The Registrar
 Health Professionals Council
 Room B2, Block B, Residence L'Hermitage,
 Mont Fleuri
 Tel: (+248) 4303745 Mobile: (+248) 2606128
 Email: registrarhpc@health.gov.sc / registrar@hpcseychelles.org

NB: AN INCOMPLETE FORM WITH MISSING DOCUMENTS WILL DELAY REGISTRATION

A. PERSONAL DETAILS	FOR OFFICE USE ONLY
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 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):	PROCESSING FEE Date Received:/...../..... Amount (state currency): Receipt No.: Received by: Signed for on behalf:
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.	REGISTRATION FEE Date Received:/...../..... Amount (state currency): Receipt No.: Received by: Signed for on behalf: HPC Registration No.: <input type="checkbox"/> Certified evidence of name change received (if applicable); <input type="checkbox"/> Proof of CPD submitted. <input type="checkbox"/> Updated curriculum vitae received; <input type="checkbox"/> Recent passport-sized photo received.

I hereby apply for re-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: Date: 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.

D. CERTIFICATE OF CHARACTER

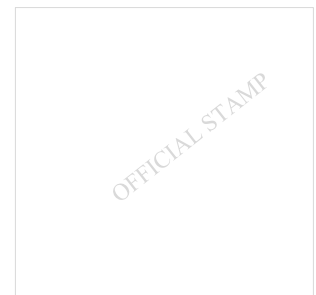
Certificate of Character should be given by either a Judge, a Magistrate, a Justice of Peace, a Minister of Religion, a *Senior Government Officer, a Legal Practitioner, a Medical Practitioner or a Bank Manager and who is known to the applicant for at least two (2) years.

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.....

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

(Official stamp to be included)

I am applying for registration as a/an:

Acupuncture

- Acupuncturist
- Acupuncture Technician

Audiology

- Audiologist
- Audiology Technician
- Ear Mould Technician

Biomedical Engineering

- Biomedical Engineer
- Biomedical Engineering 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
- Clinical psychologist
- Community psychologist
- Counselling psychologist
- Educational psychologist
- Forensic psychologist
- Health psychologist
- Occupational psychologist
- Sports and exercise 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