

HEALTH PROFESSIONALS COUNCIL (HPC)

APPLICATION FOR RENEWAL OF REGISTRATION

Please complete and return the ORIGINAL FORM to:

The Registrar

Health Professionals Council

Room B2, Block B, Residence L'Hermitage,

Mont Fleuri

Tel: 4303745

Mobile: 2606128

Email: registrarhpc@health.gov.sc / 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): _____

Name(s): _____

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 name change)

National Identity Number:

Marital Status: Divorced Married Single Others

Residential Address: _____ Postal Address: _____

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

Mobile: _____ Email: _____

Checklist: Proof of name change attached (if applicable)

Office use only
Receipt*: _____

B. WORK DETAILS IN SEYCHELLES

Practicing Non-Practicing If Non-practicing, how long since you last practiced the profession?

Profession(s) renewing registration for: _____

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

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 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.

Sign: _____ Date: _____

