



# 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](mailto:registrarhpc@health.gov.sc)

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

## APPLICATION FOR FIRST-TIME REGISTRATION

**NB: AN INCOMPLETE FORM WITH MISSING DOCUMENTS WILL DELAY REGISTRATION**

A. PERSONAL DETAILS	FOR OFFICE USE ONLY
<p><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 <input type="checkbox"/> Other</p> <p>Surname: ..... Maiden name (if applicable): .....</p> <p>First Names (separated by a comma): .....</p> <p>Country of Origin: .....</p> <p>Passport Number: ..... NIN: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Residential Address in Seychelles: ..... Postal Address in Seychelles: .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Tel (Home): (+     ) ..... Tel (Cell): (+     ) .....</p> <p>Email (please provide a valid one): .....</p>	<p><b>PROCESSING FEE</b></p> <p>Date Received: ...../...../.....</p> <p>Amount (SCR): .....</p> <p>.....</p> <p>Receipt No.: .....</p> <p>Received by: .....</p> <p>Signed for on behalf: .....</p> <hr/> <p><b>REGISTRATION FEE</b></p> <p>Date Received: ...../...../.....</p> <p>Amount (SCR): .....</p> <p>Receipt No.: .....</p> <p>Received by: .....</p> <p>Signed for on behalf: .....</p> <p>HPC Registration No.: .....</p>
<p><b>B. WORK DETAILS IN SEYCHELLES</b></p> <p><b>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'.</b></p> <p>Practicing or non-practicing: .....</p> <p>Intended/current place of work in Seychelles: .....</p> <p>Address of work place: .....</p> <p>Supervisor's full name (if applicable): .....</p> <p>Supervisor's position in the intended/current place of work: .....</p> <p>Supervisor's telephone number: (+     ) .....</p> <p><b>NB: The Council must be notified of any change to the above details after registration.</b></p>	<p><input type="checkbox"/> All true copies of qualification certificates received;</p> <p><input type="checkbox"/> Copies of transcripts received;</p> <p><input type="checkbox"/> Copy of identity document received;</p> <p><input type="checkbox"/> Copy of birth certificate received;</p> <p><input type="checkbox"/> Certified evidence of name change received (if applicable);</p> <p><input type="checkbox"/> Copy of eligible language test certificate or declaration of proficiency in either English or French received (foreign applicants only);</p> <p><input type="checkbox"/> Certificate of professional status from the regulator in the country where the applicant last practiced received (if applicable);</p> <p><input type="checkbox"/> Certificate from Seychelles Qualifications Authority (SQA)</p> <p><input type="checkbox"/> Updated curriculum vitae received;</p> <p><input type="checkbox"/> Recent passport-sized photo received.</p>

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**

- Certified copy of my qualification certificate(s) and certified translation (*if applicable*);
- Certified copy of my transcripts for all my qualifications;
- Non-refundable processing fee of Scr300;
- Copy of my identity document or birth certificate;
- Certified evidence of any change of name (*if applicable*);
- Copy of an eligible language test certificate or declaration of proficiency in either English or French (*foreign applicants only*);
- Certificate of professional status from the regulator in the country where I last practiced (*if applicable*);
- Certificate from Seychelles Qualification Authority (SQA)
- 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): .....

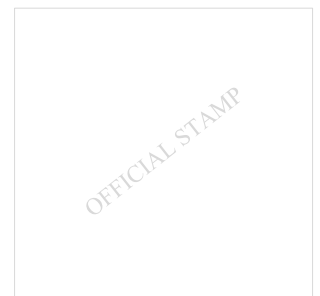
of (address) .....

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 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:**

**Audiology**

- Audiologist
- Audiology Technician
- Ear Mould Technician

**Biomedical Laboratory**

- Biomedical Laboratory Technologist
- Biomedical Laboratory Technician
- Biomedical Scientist
- Health Scientist
- Phlebotomist
- Phlebotomy Technician

**Dentistry**

- Dental Hygienist
- Dental Technician
- Dental Technologist
- Dental Therapist
- Orthodontic Therapist

**Dialysis**

- Dialysis Technologist
- Dialysis Technician

**Emergency Care**

- Emergency Medical Technician
- Paramedic

**Nutrition**

- Dietician
- Nutritionist
- Nutrition Technician

**Occupational Therapy**

- Occupational Therapist
- Occupational Therapy Technician
- Occupational Therapy Assistant

**Optometry**

- Optometrist
- Dispensing Optician

**Orthotic**

- Orthotist
- Orthotic Technician

- 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
- Diagnostic Radiographer
- Diagnostic Radiographer Technician

**Speech Pathology**

- Speech Pathologist
- Speech Pathology Technician

**Pharmacy**