**HEALTHCARE PLAY SPECIALIST EDUCATION TRUST – Registration**

**LATE RE-REGISTRATION APPLICATION FORM**

Please complete all sections of this form if your registration has lapsed and you wish to apply to re-join the professional register of Health Play Specialists. *You are advised to refer to the relevant guidance notes available at:*https://hpset.org.uk/late-re-registration/

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| **PERSONAL DETAILS** | |
| Full name: | |
| Preferred email address: | |
| Registration number or  Date of Birth: | |
| **DECLARATION** *(If you are unable to check all boxes please contact* [*registration@hpset.org.uk*](mailto:registration@hpset.org.uk) *for advice.)* | |
| I confirm that I have read the Code of Professional Conduct ([*https://hpset.org.uk/HPSET\_copc.pdf*](https://hpset.org.uk/HPSET_copc.pdf)) and Professional Standards ([*https://hpset.org.uk/HPSET\_ps.pdf*](https://hpset.org.uk/HPSET_ps.pdf)) and agree to uphold these in my HPS practice. |  |
| I have maintained a record of my continuing professional development (CPD) which reflects the standards set out by HPSET. |  |
| I can confirm that my current health and character are sufficient to enable me to practise safely and effectively. |  |
| I have a current, valid DBS certificate / Enhanced Disclosure and can confirm that this mentions no issues which might be a cause of concern. |  |
| I have updated my personal and employment details on the HPSET website. |  |
| I have paid the Late Re-registration fee of £55.00 *(view payment options at: https://hpset.org.uk/payment-options/)* |  |

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**PROFESSIONAL DEVELOPMENT PROFILE – Application to re-register with HPSET following a lapse in registration**

All late (lapsed) applicants need to complete a Professional Development Profile. You must complete ALL sections of this form and submit the completed form as an email attachment to [registration@hpset.org.uk](mailto:registration@hpset.org.uk) .

You will receive email acknowledgement once your form has been received.

**Section One:**

**SUMMARY OF PRACTICE HISTORY SINCE LAST REGISTRATION**

*This section details your practice during the last three years, including any gaps in practice. Ensure you enter your most recent practice first, followed by any previous practice years.*

*Please complete the table below, giving details of where you have worked during each of the past 3 years and the scope of your practice during that period.*

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| **Dates** | **Name of organization /**  **place of work** | **Work setting:**   * Hospital or other secondary care * Community setting * Hospice * Research * Charitable organisation * Other (please specify) | **Scope of practice:**   * Registered Play Specialist * Management * Education * Other (please specify) | **Contracted hours** | **Registration Status:**   * Registered practitioner * Lapsed registrant * Returning to practice * Other (please specify)   ***If lapsed or returning to practice, please give a reason*** |
| Year 1 |  |  |  |  |  |
| Year 2 |  |  |  |  |  |
| Year 3 |  |  |  |  |  |

**Section Two:**

**CURRENT PRACTICE**

*Please provide a summary of your roles and responsibilities during the past 3 years, completing a different box for each change of role (maximum 250 words for each summary).*

*If your role and responsibilities have not changed during the past 3 years, you need only complete one box.*

*You should share this summary with the person responsible for your annual appraisal.*

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| **YEAR 1** |
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| **YEAR 2** (*To be used only if you have changed role and responsibilities during the past 3 years***.)** |
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| **YEAR 3** (*To be used only if you have changed role and responsibilities during the past 3 years*.) |
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**Section Three:**

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

*You need to provide evidence of at least 15 hours of CPD per year (total 45 hours over three years). Your CPD should represent a mixture of learning activities, of which 10 hours per year must relate to participator learning (total 30 hours over three years).*

*Participator Learning = Learning that you have participated in with other professionals. This includes discussion with another person(s), workshops, sharing of information and lessons learnt with colleagues from lectures, conferences attended and research articles. Anonymised case studies are another example of participator learning.*

*Non-Participator Learning = Private learning activities such as online research, reading of articles, attending lectures or conferences.*

You will need to link each example of your CPD to HPSET’s Code of Professional Conduct and Professional Standards. You may refer to the Code at: https://hpset.org.uk/HPSET\_copc.pdf

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| **YEAR 1**  *(Cells will expand as you type. Please add extra rows as required).* | | | | | |
| **Dates** | **Method**  *Describe the method you used for the CPD activity* | **Topic** | **Link to relevant principles of Code of Conduct and Professional Standards** | **Number of hours** | **Number of participatory hours** |
| *Example* | *Independent learning/research* | *A child with a medical condition which limits their ability to play.* | *1.4 ‘Comply with your employer’s policies by working in partnership with other identified professionals’.* | *1.5 hours* | *0.5 hours sharing with HPS colleagues and other professionals.* |
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| **YEAR 2**  *(Cells will expand as you type. Please add extra rows as required).* | | | | | |
| **Dates** | **Method**  *Describe the method you used for the CPD activity* | **Topic** | **Link to Code of Conduct and Professional Standards** | **Number of hours** | **Number of participatory hours** |
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| **YEAR 3**  *(Cells will expand as you type. Please add extra rows as required).* | | | | | |
| **Dates** | **Method**  *Describe the method you used for the CPD activity* | **Topic** | **Link to Code of Conduct and Professional Standards** | **Number of hours** | **Number of participatory hours** |
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**Section Four:**

**PRACTICE RELATED FEEDBACK**

*You need to provide six examples of practice-related feedback (two for each of the previous 3 years). It may include both positive and constructive feedback. You do not need to submit the actual evidence of the feedback, merely to describe it.*

*You should not record any information that might identify an individual, including patients, their families/carers or professional colleagues*

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| **Examples of sources of feedback**   * Patients or service-users * Colleagues – HPS, nurses, other healthcare professionals * Students * Annual appraisal * Other (please specify) | **Examples of types of feedback**   * Verbal * Letter, card or email * Report * Appraisal |

You might want to think about how your feedback relates to the Code of Professional Conduct ([*https://hpset.org.uk/HPSET\_copc.pdf*](https://hpset.org.uk/HPSET_copc.pdf)) and Professional Standards ([*https://hpset.org.uk/HPSET\_ps.pdf*](https://hpset.org.uk/HPSET_ps.pdf)*)* and how they could be used in your reflective accounts.

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| **YEAR 1**  *(Cells will expand as you type.)* | | | |
| **Date** | **Source of feedback**  *Where did this feedback come from?* | **Type of feedback**  *How was the feedback received?* | **Content of feedback**  *What was the feedback about and how has it influenced your practice?* |
| *Example* | 1. *Parents* 2. *Nursing colleagues* | 1. *Letter* 2. *Verbal* | *1. Parents – how play technique benefitted child and family e.g. bed rest restrictions. Action: Developed information sheet for parents.*  *2. Communication – HPS took child into play room without communicating with parents or nursing staff. Action: Developed a sign by bed to identify where the child was and who with.* |
| **Example 1** |  |  |  |
| **Example 2** |  |  |  |

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| **YEAR 2**  *(Cells will expand as you type.)* | | | |
| **Date** | **Source of feedback**  *Where did this feedback come from?* | **Type of feedback**  *How was the feedback received?* | **Content of feedback**  *What was the feedback about and how has it influenced your practice?* |
| **Example 1** |  |  |  |
| **Example 2** |  |  |  |

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| **YEAR 3**  *(Cells will expand as you type.)* | | | |
| **Date** | **Source of feedback**  *Where did this feedback come from?* | **Type of feedback**  *How was the feedback received?* | **Content of feedback**  *What was the feedback about and how has it influenced your practice?* |
| **Example 1** |  |  |  |
| **Example 2** |  |  |  |

**Section Five:**

**REFLECTIONS LINKING PRACTICE AND CPD**

*You need to write six reflective accounts (two per year for the past three years) which represent a mixture of your CPD activities. You will need to link the reflections to the Code of Professional Practice and Professional Standards.*

*Your reflective accounts could include:*

* *an event or experience from your practice*
* *practice-related feedback*
* *any of the CPD activities listed above in Section Two.*

Complete a separate table for each of your six reflections, making sure that you do not include any information that might identify a specific child, family member, or colleague.

You will need to link each example of your reflections to HPSET’s Code of Professional Conduct and/or Professional Standards.

You may refer to the Code at: <https://hpset.org.uk/HPSET_copc.pdf>

You may refer to the Professional Standards at: <https://hpset.org.uk/HPSET_ps.pdf>

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| **Reflection 1**  *(Cells will expand as you type.)* |
| Describe the nature of the CPD activity related to this reflection. |
| What did you learn from this CPD activity? |
| How did you change or improve your practice as a result of this CPD activity? |
| How is this relevant to the Code of Professional Conduct / Professional Standards? |
| How is this relevant to your current and future practice? |

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| **Reflection 2**  *(Cells will expand as you type.)* |
| Describe the nature of the CPD activity related to this reflection. |
| What did you learn from this CPD activity? |
| How did you change or improve your practice as a result of this CPD activity? |
| How is this relevant to the Code of Professional Conduct / Professional Standards? |
| How is this relevant to your current and future practice? |

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| **Reflection 3**  *(Cells will expand as you type.)* |
| Describe the nature of the CPD activity related to this reflection. |
| What did you learn from this CPD activity? |
| How did you change or improve your practice as a result of this CPD activity? |
| How is this relevant to the Code of Professional Conduct / Professional Standards? |
| How is this relevant to your current and future practice? |

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| **Reflection 4**  *(Cells will expand as you type.)* |
| Describe the nature of the CPD activity related to this reflection. |
| What did you learn from this CPD activity? |
| How did you change or improve your practice as a result of this CPD activity? |
| How is this relevant to the Code of Professional Conduct / Professional Standards? |
| How is this relevant to your current and future practice? |

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| **Reflection 5**  *(Cells will expand as you type.)* |
| Describe the nature of the CPD activity related to this reflection. |
| What did you learn from this CPD activity? |
| How did you change or improve your practice as a result of this CPD activity? |
| How is this relevant to the Code of Professional Conduct / Professional Standards? |
| How is this relevant to your current and future practice? |

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| **Reflection 6**  *(Cells will expand as you type.)* |
| Describe the nature of the CPD activity related to this reflection. |
| What did you learn from this CPD activity? |
| How did you change or improve your practice as a result of this CPD activity? |
| How is this relevant to the Code of Professional Conduct / Professional Standards? |
| How is this relevant to your current and future practice? |

**Section Six:**

**ANNUAL REFLECTION AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD) REVIEW DISCUSSION WITH LINE MANAGER / APPRAISER**

*At your annual appraisal, or in advance of your profile submission, you need to discuss your CPD activity and your two reflective accounts for that year with your line manager.*

*The purpose of sharing your CPD and reflections with your line manager / appraiser at your annual appraisal is to support reflective thinking and writing. It provides evidence of the types of work and CPD that you are undertaking.*

It is important that you do not identify patients, their families or your colleagues during this discussion.

You will need to include the following form, completed by your line manager, as part of your profile submission.

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| **Full name of HPS** |  |
| **HPSET registration number** |  |
| **Manager’s name and job title** |  |
| **Manager’s registration number / PIN** |  |
| **Email address** |  |
| **Contact telephone number** |  |
| **Date of discussion** |  |
| **Brief summary of discussion** | |
| I have discussed two written reflective accounts and 15 hours of CPD activity during the past 12 months (of which 10 hours must be participatory) with the named Health Play Specialist as part of their re-registration process.  I agree to be contacted by a Trustee from HPSET to provide further information, if necessary, for verification purposes. | |
| **Signature** | **Date** |

**What happens now?**

* You need to save your application form as a Word document and send a copy as an email attachment to [registration@hpset.org.uk](mailto:registration@hpset.org.uk)

Check that you have completed all the following sections:

1. Late Re-registration Application Form
2. Section One: Summary of Practice History
3. Section Two: Current Practice
4. Section Three: Continuing Professional Development
5. Section Four: Practice-related feedback
6. Section Five: Reflections
7. Section Six: Discussion with line manager

* The registration coordinator will check that you have completed the form correctly and send you an email to confirm receipt.
* Your profile will be forwarded to a member of the Registration Standards Committee for assessment.
* When your profile has been assessed, a copy of the assessment form will be sent to you by email; this will normally be within six weeks of your submission.
* If your application is approved as meeting the standards for re-registration with HPSET, your name will be added to the public register and your registration status will be updated on your personal record.
* Your registration period will run until 31 March in the year following your re-registration, when you will need to renew your registration in the standard way. You will not be asked to submit another profile for 3 years.
* Should there be area(s) not meeting the required standards, you will need to resubmit your profile document. Feedback on the areas requiring further evidence will be provided.
* You will need to re-submit your profile within one month from the date of your feedback email.