**LATE RE-REGISTRATION APPLICATION FORM**

*Please complete all sections of this form if you wish to be considered for re-registration with HPSET and reinstatement on the public register of Health Play Specialists.*

*The form should be returned by email to* [*registration@hpset.org.uk*](mailto:registration@hpset.org.uk) *following online submission of a Profile Form.*

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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 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 maintained a record of my continuing professional development (CPD) which reflects the standards set out by HPSET. |  |
| I have submitted an online Profile Form for assessment via my personal page of the HPSET website. |  |
| I have paid the late re-registration fee. (*fee payment options available at https://hpset.org.uk/payment-options/)* |  |
| Date of fee payment and payment reference: |