

**June 2017**

## **Application for restoration to the register**

### **Your details**

Please give as much information as you can. Missing details may result in your application being delayed.

Please note that if you do not respond promptly to requests for information regarding this application, we may close your case and you would have to re-apply which would cause further delays.

Surname	
Forename(s)	
Maiden name (if applicable)	
Previous Pin. (if known)	
Previous case ref. (if known)	
Primary phone number	
Alternative phone number	
Mobile phone number	
Email address	

Current address	
Please insert the address that the UKBHC held during the previous proceedings (if different to the above)	

**Was your removal from the Register as a result of fitness to practice proceedings?**

**Yes/No.**

**Was your removal from the Register an Administrative Removal?**

**Yes/No.**

## Employment details

Provide details of your paid or voluntary employment since your name was removed from the register.

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## Representative details

Please provide as much information as you can.

Name	
Address	
Phone number	
Email address	
Union, solicitor or counsel? (Please specify)	

If you are not represented, do you intend to seek representation?  Yes  No

## Referee's details

**You must obtain references from three referees.** To apply for restoration to the register you **must agree** to allow us to send your nominated referees a copy of the charges you were required to answer at your original hearing, and the transcript of the hearing. Please tick to indicate that you understand this requirement.

I understand the requirement above.

**If you fail to complete the tick box, your application may be delayed.**

<b>Referee 1 name</b>			
Address			
Phone number			
Email address			
How do you know this referee?			
Is this referee registered with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide their Pin (if known)		

<b>Referee 2 name</b>			
Address			
Phone number			
Email address			
How do you know this referee?			
Is this referee registered with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide their Pin (if known)		

<b>Referee 3 name</b>			
Address			
Phone number			
Email address			
How do you know this referee?			
Is this referee registered with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide their Pin (if known)		

**Why are you applying for restoration to the register?**

[Empty rectangular box for text input]

**Please answer the following questions**

**Have you been convicted of a criminal offence since your name was removed from the register?  
Please note that we will check with the Police.**

Yes  No

If yes, what was the offence?

Please provide the name and address of the sentencing court.

Hearing date? ..... Sentencing date? .....

**Are you the subject of any criminal proceedings at the moment?**  Yes  No

If yes, what was the offence?

Which police station is dealing with the matter?

**Have you been subject to Fitness to Practice proceedings by any other Statutory Body or Employer leading to a decision regarding your professional conduct or fitness to practice?**

**If so please give details of the proceedings and outcome.**

**Have you claimed to be a registered practitioner since you knew your name had been removed from the register?**

Yes  No

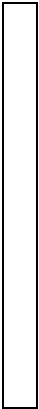
If yes, please provide details.



**Qualifications. Please state your qualifications along with awarding body and dates.**

**Give details of your status within your faith community or belief group.**

**If you have practised as a Chaplain since removal from the UKBHC Register, give details and dates.**



**Details of your current insurance to cover your practice as a Chaplain.**

**Are you prepared to comply with the UKBHC Code of Conduct and CPD requirements?**

**Yes/No.**

**Declaration**

The information I have provided is true to the best of my knowledge and belief. I understand that if any information submitted proves to be false, the Registrar and/or the Conduct and Competence Committee will take it into consideration when considering my application for restoration.

Signed: ..... Date: .....

**(Form Revised June 2017)**