

Royal College of Speech & Language Therapists



Application for certificate and membership

Please complete the form attached and return it to the Membership Team at the RCSLT address

To: Graduates qualifying from speech and language therapy courses

Many congratulations on your recent examination success.

In order to become a full member of the Royal College of Speech and Language Therapists (RCSLT), you will need to have an initial RCSLT Certificate of Membership. This will show that you have completed a programme recognised by the RCSLT.

You will also need to complete the RCSLT framework for newly qualified practitioners. The framework is used to support learning and development in your first year of practise and as evidence of your readiness to transfer to full membership.

Please look for 'newly qualified practitioners' in the resources section at the RCSLT website for more details.

Please do not forget that in order to work as a speech and language therapist in any sector, you will need to apply for registration to the Health Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU, Tel: 020-7582-0866.

Yours faithfully,

Kamini Gadhok
Chief Executive

BLOCK CAPITALS PLEASE

Student membership no Cert no. (office use only)

Name (in full)

Maiden Name Date of birth

Title of qualification (in full) Date awarded

Institution Date of graduation

Your address (where you would like your certificate sent)

.....

..... Postcode

Email Telephone

Signature Date

Please complete your membership declaration by signing up to the following statements in the space provided:

I declare my adherence to the published Code of Ethics and Professional Conduct (See *Communicating Quality (3)*, *Professional standards for speech and language therapists*).

I declare my commitment to maintaining my competence and expertise through continuing education and agree to engage in a programme of continuing professional development of which I am keeping an up-to-date record.

I declare my commitment to active engagement in a range of professional activities and events of which I am keeping an up-to-date record.

I declare my understanding that if I practise in the United Kingdom, I must be registered with the Health Professions Council.

Signature Date

