



Request for a Letter of Good Standing

For use in the Mutual Recognition Agreement.

Mr Mrs Ms Miss Other Please state:

Full name:
(Please write legibly and provide your full name, so that we can use this in the letter)

Membership Number: RC00.....

Email:

Telephone:

Current postal address:

.....

.....

..... Postcode:

Name of new association (i.e. ASHA, CASLPA, SPA):

.....

Have you ever been subject to, or are you currently subject to, any investigation or disciplinary action by either the RCSLT or the HCPC, if the answer to this question is yes, please explain:

Please send in a copy of your most recently completed CPD log and reflection, and arrange for this to be signed by someone who can verify at least part of the contents, or you may wish us to check your CPD log online.

I agree for my CPD log to be checked online.

Please post this form with accompanying documents to MRA, RCSLT, 2 White Hart Yard, London SE1 1NX.

The following form should be given to your referee to complete and returned either together or separately to the same address as above.

We endeavor to provide the letter of good standing within two weeks of receipt of these completed forms this is not always possible. Your letter of good standing will be posted directly to your new association.

If you have any queries, please contact membership on 020 7378 3008/3012, or email membership@rcslt.org.

Please complete and
Return the form to:

The RCSLT
Membership Team,
Royal College of
Speech and Language
Therapists,
2 White Hart Yard,
London SE1 1NX

If you have any
questions, please
contact the team on
020 7378 3008/3010
Or by email, at:
membership@rcslt.org

Please turn over
and complete
where applicable
before returning to
the RCSLT





CURRENT REFERENCE

Referee's Name: RCSLT Member Number:

..... RC00.....
Please write legibly

Telephone or e-mail contact details:

Member's Name:

Please answer the following questions about the above member:

1. To the best of your knowledge, is the person named above competent?

2. To the best of your knowledge, has he or she completed appropriate CPD?

3. Has any investigation or disciplinary action been carried out about him or her?

4. Is there any reason that you know of why RCSLT should not accept the above as a member?

Any additional comments:

Signed:.....

Date:.....

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Return the form to:

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