Overseas Trained Application Form (Non-MRA)

RCSLT Membership for HCPC registered SLTs qualified overseas and now working in the UK. Applicants must complete a membership declaration by signing up to the following statement in the space provided. These are requirements in the RCSLT Memorandum and Articles of Association.

Declarations:

- I declare my adherence to the standards set by the Health and Care Professions Council.
- I declare my commitment to maintaining my knowledge and competence and expertise through active engagement in a range of professional development activities. I agree to engage in a programme of continuing professional development of which I am keeping an up-to-date record.
- I declare my understanding that if I practice in the United Kingdom, I must be registered with the Health and Care Professions Council.
- I declare I have not been investigated or subjected to censure or prosecution, in a civil or criminal context.
- I declare that the scope of practice that I undertake in my role as an SLT will be limited to activity covered by my professional education and training and that I will not, therefore, engage in any unsupervised professional activity that falls outside the activity covered by my professional education and training.

Professional Indemnity Insurance Declaration:

- I declare to the best of my knowledge that no claim or loss, has ever occurred or been made against me, whether successful or not.
- I declare I am not aware of any circumstances which may lead to a claim for damages against me.

I declare by signing below that I comply with the requirement embodied in the declarations above that all information in this form is accurate and complete and that any inaccuracies or misrepresentations may result in my RCSLT membership being terminated.

If you are unable to declare any of the above, please provide full details on page 2.

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

Personal Details:

Forename: ........................................... Surname: ...........................................................

Previous Name: ....................................................................................................................

Title: .................................................. Date of birth: ..........................................................

My address is: .....................................................................................................................

.................................................................................................................. Postcode: ..............................................

Email: ...................................................................................................................... Telephone: .............................................

Year of qualification: .................................. HCPC No.: ....................................................

Education establishment: ................................ Country: ......................................................

Name of professional association in the country in which you qualified: ..........................

Postgraduate Qualifications: ..................................................................................................
Declaration further details:

<table>
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<th>Date</th>
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<th>Amount (if applicable)</th>
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Current Reference
(Practising applicant)

If you are unable to provide a reference, please provide proof of qualification.

Referee’s Name: ..........................................................
RCSLT Membership Number:

Please print ................................................................ RC00 ..................................................................................................

Telephone number: .............................................. Email: ..................................................................................................

Applicants Name: ..........................................................................................................................................................

Please answer the following question on the above applicant:

1. To the best of your knowledge, is the applicant named above competent as a SLT.

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: ..................................................................................................

ROYAL COLLEGE OF SPEECH LANGUAGE THERAPISTS
Current Reference
(Practising applicant)
Option one: **Set up payment of fees by direct debit**

Please complete the direct debit mandate below

☐ I would like to set up a direct debit arrangement with the RCSLT and wish to pay my subscription in accordance with this Mandate by: ☐ Single annual payment ☐ Monthly instalments

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**Instruction to your bank or building society to pay by Direct Debit**

Please fill in the whole form using a ball point pen and send to:

The Membership Team, Royal College of Speech and Language Therapists,

2 White Hart Yard, London SE1 1NX

**Name and full postal address of your bank or building society**

To: The Manager Bank/building society

Address

Postcode

**Name(s) of account holder(s)**

**Bank/building society account number**

**Branch sort code**

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**Service user number**

9 5 4 3 6 5

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**Signature(s)**

Date

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**Option two: Payment by cheque**

☐ I have enclosed a cheque for my RCSLT membership

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**Option three: Payment by credit or debit card**

☐ I authorise you to debit my debit/credit* card with the sum of £ ……… (*delete as applicable)

Card No ____________________________ Cardholder’s name ____________________________

Start date ………….. Expiry date ………….. Security code __________ Issue No …………..

Card type ………….. Signature ………….. Date …………..

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Banks and building societies may not accept Direct Debit Instructions for some types of account.

This Guarantee should be detached and retained by the payer.

**The Direct Debit Guarantee**

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the Royal College of Speech and Language Therapists will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the Royal College of Speech and Language Therapists to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by the Royal College of Speech and Language Therapists or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when the Royal College of Speech and Language Therapists asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.