



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 practise 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:		
Practising Non-practising		
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Please complete and return the form to:

The Membership Team, Royal College of Speech and Language Therapists, 2 White Hart Yard, SE1 1NX Or membership@rcslt.org

> If you have any questions, please contact the team on 020 7378 3010/3011 Or by email, at: membership@rcslt.org





Declaration further details:

Date	Details	Amount (if applicable)





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 or	n the above applicant:		
1. To the best of your knowledge, is the applicant nan	ned above competent as a SLT.		
2. To the best of your knowledge, has he or she comp	oleted appropriate CPD?		
3. Has any investigation or disciplinary action been ca	arried out about him or her?		
4. Is there any reason that you know of why RCSLT s	should not accept the above as a member?		
A			
Any Additional comments:			
Signed:	Date:		





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	ne RCSLT and wish to pay my subscription in
accordance with this Mandate by: Single annual particular of the state of the sta	ayment
Instruction to y ROYAL COLLEGE OF SPEECH STANGUAGE THERAPISTS building society to p	
	Service user number
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	9 5 4 3 6 5
To: The Manager Bank/building society	Reference
Address	
Postcode	FOR Royal College of Speech and Language Therapists OFFICIAL USE ONLY This is not part of the instruction to your bank or building society.
Name(s) of account holder(s)	Instruction to your bank or building society Please pay the Royal College of Speech and Language Therapists Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may
Bank/building society account number	remain with the Royal College of Speech and Language Therapists and, if so, details will be passed electronically to my bank/building society.
	Signature(s)
Branch sort code	Date
	DDI7
Option two: Payment by credit or debi	it card
☐ I authorise you to debit my debit/credit* card with the s	
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 Direc	

- 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

The Direct Debit Guarantee

- 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.