



Application for Certificate and Membership

RCSLT Membership for qualified graduates from speech and language therapy courses in the UK. Applicants must complete a membership declaration by signing up to the following statements.

Many congratulations on your recent examination success. To become a certified member of the Royal College of Speech and Language Therapists (RCSLT), you will need to have an initial RCST Certificate of Membership. This will show you have completed a programme recognised by the RCSLT. You will also then need to complete the RCSLT framework for newly qualified practitioners. The framework supports learning and development in your first year of practice, and provides evidence of your readiness to transfer to certified membership. Please look for newly qualified practitioners in the member's section of 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 and Care Professions Council. www.hcpc-uk.co.uk

Kamini Gadhok
RCSLT Chief Executive

Please complete and return the form to:

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

If you have any questions, please contact the team on 020 3738 3008/3010
Or by email, at: membership@rcslt.org

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 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 my commitment to keeping up-to-date with RCSLT guidance and recommended best practice in the delivery of high-quality service provision.

Signed: Date:

Personal Details:

Forename: Surname:

Title: Date of birth:

My address is:

..... Postcode:

Email: Telephone:

Year of qualification: HCPC No.:

Qualified from:

Practising: Non-practising: RCSLT: RC

