



Membership Declarations

Members re-joining or changing to the certified category are required to sign this declaration. These are requirements in the RCSLT Memorandum and Articles of Association.

- I declare that if I practice in the United Kingdom, I must be registered with the Health and Care Professions Council and adherence to the standards set by them.
- I declare my commitment to maintaining my knowledge and competence and expertise through active engagement in a range of professional development and activities. I agree to engage in a programme of continuing professional development of which I am keeping an up-to-date record.
- 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 the 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.

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 7378 3010/11
Or by email, at: membership@rcslt.org

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.

What date did you last practise as a Speech & Language Therapists?

Date:

Signed: Date:

Print Name:..... Membership No:



Declaration further details:

Date	Details	Amount (if applicable)