



Mutual Recognition Agreement Application

RCSLT Membership for SLTs coming to the UK from Ireland, USA, New Zealand, Australia or Canada. Applicants must complete a membership declaration by signing up to the following statements in the space provided. These are requirements in the RCSLT Memorandum and Articles of Association.

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- I declare my adherence to the published Code of Ethics and Professional Conduct (See Communicating Quality (3), Professional standards for speech and language therapists)
- I declare my commitment to maintaining my competence and expertise through active engagement in a range of professional activities, events and continuing education and 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.

Signed: Pi	rint name:
Date: Ho	CPC No:
Change of personal details:	
Forename: So	urname:
Mr Mrs Ms Miss Other	Please state:
Date of birth:: Te	elephone:
My new address is:	
	Postcode:
	Year of qualification:
Title of qualification:	
Education establishment, city and coun	try:
Current professional association:	

Your membership number for your current professional registration:.....

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



outcome):





Declarations and statements:

Statement of consent for disciplinary boards to share information with RCSLT
I consent to (insert name of home association)
sharing with the Royal College of Speech and Language Therapists all information regarding any investigations and pending charges, convictions cautions and any other disciplinary actions against me, including any that may arise subsequent to this application.
Are you applying for certification under the Mutual Recognition of Credentials Agreement to any of the other signatory associations?
No Yes
If so, which association?
Have you applied for certification under the Mutual Recognition of Credentials Agreement associations in the past and been rejected?
No Yes
Statement of consent to the result of this application being shared amongst signatory associations
I agree that the results of my application may be shared with the other signatory associations to the agreement for research purposes. No identifying information will be included with this information.
Declaration of disclosure regarding convictions for offences etc.
Have you ever been investigated, or subject to censure or prosecution, in a civil or criminal context (if so, please supply details of the investigation and its

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Royal College of Speech and Language Therapists





Language Proficiency

Which do you regard as your first language?

If English is not your first language, please provide documentary evidence of a pass on the International English Language Testing System [IELTS] of grade 8 or above, with no section less than 7.5

Declaration of disclosure regarding professional investigations

Have you ever been subject of an investigation concerning professional misconduct, or professional incompetence or incapacity? If the answer to this question is 'yes', please provide details, and provide information about the outcome and any disciplinary action taken against you:

Signed:	 	 	•••••	
Print name:	 	 		

This application will not be processed if any of the above declarations are not signed.

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Letter of good standing

The Royal College of Speech and Language Therapists requires that a Letter of Good Standing provided by your professional association or certification authority be sent to the Membership Team, RCSLT, 2 White Hart Yard, London SE1 1NX, within three months of the date of this application. The letter, which must be the original, on professional association headed paper, is to include the date, confirmation of certification (CCC, S-LP(C), or CPSP), confirmation that the applicant is in good standing with the association, and must be signed by a recognised signatory.

Individual professional association requirements For ASHA CCC holders

Applicants must provide evidence of recent practice - 1000 hours of clinical practice and/or conducting clinical research or college/university teaching within the previous five years. Forms of evidence may be a reference including work history, with dates, or may take the form of tax slips, etc, which confirm the most recent period of practice.

For SAC Certified Speech-Language Pathologists

Applicants must provide documented evidence of having completed a year of clinical practice in the country of certification. [A year of clinical practice is defined as a calendar year of continuous employment in clinical practice in the country of certification with a minimum of 18 hours per week.]

Applicants must provide evidence of recent practice - 1000 hours of clinical practice and/or conducting clinical research and/or college/university teaching within the previous five years. Forms of evidence may be a reference including work history with dates, or may take the form of tax receipts, etc. which confirm completion of the minimum period of clinical practice and the most recent period of practice.

For Speech Pathology Australia SPA Members

Applicants must provide documented evidence of having completed a year of clinical practice in the country of certification. [A year of clinical practice is defined as a calendar year of continuous employment in clinical practice in the country of certification with a minimum of 18 hours per week.]

Applicants must provide evidence of recent practice - 1000 hours of clinical practice and/or conducting clinical research

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and/or college/university teaching within the previous five years. Forms of evidence may be a reference including work history with dates, or may take the form of tax receipts, etc. which confirm completion of the minimum period of clinical practice and the most recent period of practice.

For NZSTA Members

Applicants must provide documented evidence of having completed a year of clinical practice in the country of certification. [A year of clinical practice is defined as a calendar year of continuous employment in clinical practice in the country of certification with a minimum of 18 hours per week.] Applicants must provide evidence of recent practice - 1000 hours of clinical practice and/ or conducting clinical research and/or college/university teaching within the previous five years. Forms of evidence may be a reference including work history with dates, or may take the form of tax receipts, etc. which confirm completion of the minimum period of clinical practice and the most recent period of practice.

For IASLT Members

Applicants must provide documented evidence of having completed a year of clinical practice in the country of certification. [A year of clinical practice is defined as a calendar year of continuous employment in clinical practice in the country of certification with a minimum of 18 hours per week.]

Applicants must provide evidence of recent practice - 1000 hours of clinical practice and/or conducting clinical research and/or college/university teaching within the previous five years. Forms of evidence may be a reference including work history with dates, or may take the form of tax receipts, etc. which confirm completion of the minimum period of clinical practice and the most recent period of practice.

Important notes for applicants

If you are likely to want to return to practice in your home country, it is your responsibility to maintain appropriate membership with your home association, and to meet the individual requirements in, for example, CPD for that association. If you do not maintain these requirements you will have to undertake the full process for obtaining certification in your original home country should you wish to return.

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Option one: Set up payment of fees by direct debit

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS							o your bank or pay by Direct Debit							REC b i	
Please fill in the whol The Membership Tea 2 White Hart Yard, Lo	m, Royal Colle	ge of Speec				user no	umber 4	3	6	5	$\overline{1}$				
Name and full posta	l address of y	our bank or			Aty Refere	200									
To: The Manager			ва	nk/building socie	Kelelei										
Address															
		Postco	ode			FOR Royal College of Speech and Language Therapists OFFICIAL USE ONLY This is not part of the instruction to your bank or building society.									
Bank/building socie	Bank/building society account number						Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may 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)								
					Date									DD	
	Paym	ent by	y cred	dit or de	ebit ca	ard									
Option two		t my dob	it/credit*	card with t	he sum o	f£	(*0	delete	as ap	plica	ble)				
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I authorise					Se	Ca curity	г			Issu	e No				

- 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.