

APPLICATION FOR ENTRY ONTO THE MANAGED VOLUNTARY REGISTER OF PHYSICIANS' ASSISTANTS (ANAESTHESIA)

Administrator; **ASSOCIATION of PHYSICIANS' ASSISTANTS (ANAESTHESIA)**

Swift House, 6 Cumberland Close, Darwen, BB3 2TR. Registered Company 6592581

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The standards of conduct, performance and ethics required of members of the Managed Voluntary Register of Physicians' Assistants (Anaesthesia) are those of the Health Professions Council.

<http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf>

Before completing your application form please read the standards.

Please complete the form using block capitals using a black pen.

Section 1 PERSONAL DETAILS

Your Title Mr Mrs Miss Ms other (please specify)

Your first name

Surname/family name

Previous surname/family name

Date of birth Gender Male Female

Address for correspondence

House/flat number

Street name

Town/city

County

Postcode

Country

Telephone

Email Address

Section 4 CHARACTER and HEALTH DECLARATIONS

Have you been convicted of a criminal offence, received a police caution or been convicted of a criminal offence for which you received a conditional discharge? Yes No

Have you been disciplined by a professional or regulatory body or your employer? Yes No

Have you had civil proceedings (other than a divorce/dissolution of marriage) brought against you? Yes No

Do you have any condition that would affect your ability to practise? Yes No

If you answered yes to any of the above, please give details in box below

Section 5 DECLARATION OF INFORMATION

DATA PROTECTION INFORMATION

The Association of Physicians' Assistants (Anaesthesia) has applied voluntarily to the Information Commissioner's Office for inclusion on their register of data controllers and will manage your personal information in accordance with the Data Protection Act 1998. The data will be held securely by the APA(A) and any personal data stored electronically will be encrypted.

The APA(A) will not divulge your personal information to any third party for any purpose not directly related to the Managed Voluntary Register.

- I declare that I understand that the standards of conduct, performance and ethics required of members of the Managed Voluntary Register of Physicians' Assistants (Anaesthesia) are those of the Health Professions Council and that I have read and understood those standards.
- I declare that there are no legal or health issues that render me unfit to practice.
- I declare that I understand that I will be removed from the Managed Voluntary Register of Physicians' Assistants (Anaesthesia) if I am found by an employer to be unfit to practise through reasons of conduct, performance or ethics, subject to any appeals process I may undertake with that employer being exhausted.
- I declare that I have read the data protection statement above and understand that the APA(A) may process all of my personal data, as defined by the Data Protection Act 1998, for the purposes of running the Managed Voluntary Register.
- I consent to the APA(A) contacting any person to confirm information that I have provided.
- I consent to my employer informing the APA(A) of any disciplinary procedure against me resulting in me being found unfit to practise.
- I will notify the APA(A) of any relevant changes in circumstances via email.
- I agree that failure to pay fees within 4 weeks of the re-registration date will result in the removal of my name from the Managed Voluntary Register.
- I agree that my name, voluntary registration number and the geographical location of my workplace will appear on the Managed Voluntary Register which can be viewed by the public and employers by contacting the APA(A).
- I declare that all the information I have given is true and correct.

Signed..... Date

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Section 6 PAYMENT

Please tick one choice

I apply to join the Managed Voluntary Register.
I am currently a paid-up member of the APA(A).
My fees will be payable annually on the 25th of January.

I apply to join the Managed Voluntary Register and the APA(A).
I enclose a cheque for £30 or have paid via PayPal® at anaesthiasteam.com.
My fees will be payable annually on the 25th of January.

I apply to join the Managed Voluntary Register and NOT the APA(A).
I enclose a cheque for £30 or have paid via PayPal® at anaesthiasteam.com.
My fees will be payable annually on the 25th of January.

Please make cheques payable to **The Association of Physicians' Assistants (Anaesthesia)**
and send with this form and a copy of your post-graduate diploma to

The Association of Physicians' Assistants (Anaesthesia)
Swift House,
6 Cumberland Close,
Darwen,
BB3 2TR.

OFFICE USE ONLY

MVR number

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