

# MEMBERSHIP APPLICATION FORM

# Return to Practice

## Eligibility

As stated by the HCPC Return to Practice criteria you must have been out of the profession for more than 2 years and you must be undertaking a return-to-practice route of:

* 30 days (out of the profession between 2- 5 years) undertaking 15 days of self-directed learning & 15 days of supervised practice or formal study
* Or 60 days (out of the profession for more than 5 years or never registered with the HCPC on qualifying) undertaking 30 days of self-directed learning & 30 days of supervised practice or formal study
* Supervised practice or formal study can either be in a placement setting such as a dietetic department in the NHS or a formal course through a learning institution or a recognised professional body such as the British Dietetic Association

Must be returning to practice via one of these routes:

* A recognised formal course through an institution or professional body
* Undertaking a recognised AHP Return to Practice Course e.g., Coventry University or Birmingham University
* Undertaking paid or unpaid supervised practice as stated in the HCPC RTP criteria as part of the required hours needed to gain registration with the HCPC

## Declaration

**IMPORTANT:** By applying for this category, you are declaring:

* *I confirm I am Returning to Practice via one of the routes listed above*
* *I understand my obligation to inform the BDA of my re-registration to the HCPC, so I can be upgraded to full membership immediately. In this case, the BDA will refund any pre-payment (where owed) for RTP membership paid in advance*

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Middle Name: |  |
| Surname: |  |

## Home Address Details

|  |  |
| --- | --- |
| Line 1: |  |
| Line 2: |  |
| Line 3: |  |
| Country: |  |
| Postcode: |  |

## Contact Information

|  |  |
| --- | --- |
| Email: |  |
| Phone: |  |
| Email: |  |

## Name of Employer or Institution (e.g., Trust Name/Local Authority/University

|  |  |
| --- | --- |
| University: |  |
| Course start date: |  |
| Course end date: |  |

**Employer’s Main Address**

|  |  |
| --- | --- |
| University: |  |

**Place of Work: (if applicable – e.g. Department or Hospital)**

|  |
| --- |
|  |

## Work Address (if different from employer`s address)

|  |  |
| --- | --- |
| Line 1: |  |
| Line 2: |  |
| Line 3: |  |
| Country: |  |
| Postcode: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PREFERRED PAYMENT METHOD** | **Card** |  | **Annual Direct Debit** |  | **Monthly Direct Debit** |  |

***If choosing to pay by Direct Debit, please also complete the accompanying Direct Debit form***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREFERRED MAILING ADDRESS** | **HOME** |  | **WORK** |  |