

# Declaration of Health and Good Character in Relation to Fitness to Practice

To be completed by Graduate Registrants and Allied Health Professional Registrants upon initial registration and renewal of registration.

October 2019

In order to monitor and act upon any issues related to your health and conduct associated with fitness to practise upon initial registration or re-registration with the organisation, you are required to complete this declaration of health and good character. For additional information please refer to the BASRaT Fitness to Practise-Membership Guide.

It is YOUR responsibility to inform the organisation about any changes to your health or any other circumstances (criminal convictions or cautions, see below) which you think may affect your ability to practise safely and effectively.

#### Declaration of a Health Condition

- 1. I have a known health condition:
  - Yes
  - 🗅 No
- 2. If you answered "yes" to the above. Does the condition affect your ability to practice safely and effectively?
  - 🛛 Yes
  - 🛛 No
- 3. Please outline the details of the health condition below, if applicable:

#### Declaration of a Conviction or Caution

Registration with BASRaT is not exempt from the Rehabilitation of Offenders Act 1974. We only ask applicants to disclose convictions which are not yet spent under the Rehabilitation of Offenders Act 1974. If you are not sure whether your convictions are spent, please contact <u>Nacro</u> for further advice.

- 1. Do you have any unspent cautions or convictions?
  - 🖵 Yes
  - 🛛 No
- 2. If you answered "yes" to the above question, please provide details of the caution/conviction(s) below:

#### Declaration of a Fitness to Practise Concern

- 1. Have you been found guilty of misconduct or any other Fitness to Practice concern during the course of your education/training?
  - Yes
  - 🛛 No
- 2. Have you been found guilty of misconduct or any other Fitness to Practice concern by another professional or regulatory body?
  - 🛛 Yes
  - 🛛 No
- 3. Have you been found guilty of misconduct or any other Fitness to Practice concern by and employer?
  - Yes
  - 🛛 No
- 4. Are you, or have you been, suspended from another regulatory or professional body?
  - Yes
  - 🛛 No
- 5. If you have answered "yes" to any of the above, please provide additional details:

#### Confirmation and Signature

If you have made a disclosure in any section of this form, we will look at the information and decide whether it raises concerns in relation to fitness to practise. Our determination will be made via our Fitness to Practise process which is available to view <u>here</u>.

By signing this declaration you are declaring that you are of sufficient health and character to be capable of safe and effective practice and intend to comply with the Standards of Ethical Conduct and Behaviour/Role Delineation of BASRaT.

Name:

Signature:

Date:

## **Declaration by Referee**

### Completion of this section is only required if you are applying via the Individual Membership Application process, Membership Exam or for Allied Health Professional membership

To be completed by a current full member of BASRaT (GSR) or a registered HCPC health professional.

By signing this declaration you are declaring that the person named above is of sufficient health and good character to be capable of safe and effective practice. Further information regarding fitness to practise can be found in our Fitness to Practise guide <u>here</u>.

Name:

Signature:

Occupation:

BASRaT / HCPC Registration number:

Date: