Return to Practice AHP

In order to register your interest in returning to practice please complete the form below.

\* Required

1.Full name\*



2.Email address\*



3.Contact Telephone number\*



4.Date of last registration with HCPC (or years away from practice)\*



5.Which profession were you registered as?\*

Arts Therapist

Chiropodist/Podiatrist

Dietitian

Occupational Therapist

Paramedic

Physiotherapist

Practitioner Psychologist

Speech and Language Therapist





6.Reasons for leaving the HCPC register\*



7.Reason for wishing to return to practice\*



8.If you trained overseas and never formally registered with the HCPC please advise where you trained and what profession.



9.Summary of previous employment\*



10.Preferred clinical area\*

Mental Health

 Learning Disabilities

Adults

Older People

Child/Adolescent

In-patient

Community

11.Preferred geographical location\*

Bedfordshire

Luton

Mid Essex

North Essex

South East Essex

South West Essex

West Essex

12.When are you looking to return to practice\*

0-3 months

3-6 months

6-months or more

I am not sure, I would like more information

13.Current employer (please note we will not contact your employer)\*



14.Where did you hear about this opportunity?\*

EPUT website

Contact within EPUT

Social Media





Submit