

## Transferring from the Temporary Register to the Permanent Register

Please complete the application form below providing information regarding your CPD, practice hours, employment information while on the temporary register and sign the declarations regarding your health and character.

Please read the instructions below fully before starting to complete the forms.

### References

You'll need three different referees, please do not use the same referee more than once:

- Referee 1
  - a NMC registrant must complete the reference form attached which includes a supporting declaration of health and character (this declaration must be physically signed by your referee). This referee should:
    - be from the same part of the register as you are applying to join. For example, if you're applying to readmit as a nurse, your referee must also be a registered nurse),
    - have known you for at least one year in the last three years, and
    - have been in contact in the last six months.
- Referee 2
  - your employer will need to complete the relevant section on the application form below. This should include a hand written signature, rather than an e-signature.
- Referee 3
  - on the application form, please enter the name and details of another person on our list of approved signatories (list attached) that you have known for a year out of the last three.

Please note the following before submitting:

- All forms must include hand written signatures, please don't use e-signatures.
- Don't opt out of the temporary register until you have received confirmation that you have been successfully readmitted to the permanent register.
- This form should only be used if you are applying to move from the temporary register to the permanent register

### Submitting your application

Please scan the application and reference form (as PDF or JPG file) and return these by email to our readmission mailbox [readmission@nmc-uk.org](mailto:readmission@nmc-uk.org).

Allow 7-10 working days for us to process your application once we have received it.

Once we have a complete application we will contact you to arrange for the £120 registration fee to be paid.

## Application form for readmission to the permanent NMC Register from the NMC Covid-19 Temporary Register.

Please complete in black ink and BLOCK CAPITALS

### Personal Information

NMC PIN: (The PIN format is **NNLNNNNL** - Where **N** is a number and **L** is a letter)

N	N	L	N	N	N	N	L
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Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

Previous name: \_\_\_\_\_  
(if applicable)

Date of birth: (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

### Registered practice hours declaration

I declare that I have undertaken the required hours of registered practice in line with the 'Returning to the register' information and I can produce evidence to support this if required

Yes  No

Registration	Registered practice hours (within THREE years)	Registered practice hours (within FIVE years)
Nurse	<input type="checkbox"/> 450	<input type="checkbox"/> 750
Midwife	<input type="checkbox"/> 450	<input type="checkbox"/> 750
Nurse and Midwife	<input type="checkbox"/> 450	<input type="checkbox"/> 900

### Registered practice hours details

Please enter your registered practice hours employment information, starting with the most recent, in the space provided below.

You can add more until you reach 450 hours (over 3 years) or 750 hours (over 5 years) of practice as a nurse or a midwife. You only need to enter information within the last three or five years.

Please note: if you are both a nurse and a midwife, you will need to provide information about hours of practice for each of these registrations

Continuing Professional Development (CPD)

I declare that I have met the CPD requirements in line with the 'Returning to the register' information and I will be able to provide evidence to support this if needed

Yes

No

Professional Indemnity Arrangement

You need to have appropriate indemnity arrangements in place when you practise.

I declare that I have or will have appropriate indemnity cover in place in relation to my practice.

Yes

No

NMC registrant referee

Please provide the details of another NMC registrant who's registered in the same part of the register in which you are applying. They must have known you for a year out of the last three and been in contact with you during the last six months.

The referee needs to complete a separate reference form (please find the form at the end of this document).

Employers' details and employment dates.

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From: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employers' details and employment dates (if more than one employer)

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From: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employer confirmation (this part needs to be completed by your current employer).  
 Please note, your employer doesn't need to be an NMC registrant. This section must be physically signed by the current employer.

Full name: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Employer role: \_\_\_\_\_

To the best of my knowledge, I confirm the applicant is of good character such that they are capable of safe and effective practice. I support their application to be readmitted onto the permanent NMC's register.

Yes  No

If you're unable to provide a supporting declaration, please tell us why?

\_\_\_\_\_  
 \_\_\_\_\_

Employer signature: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Approved signatory referee

Please provide details of a person from the NMC approved signatory list. They must have known you for a year out of the last three.

Full name: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number (optional): \_\_\_\_\_

Signatory role: \_\_\_\_\_

I have known the above named person for at least one year: Yes

The above named referees have given their consent to be contacted by the NMC in order to verify my health and/or character and I also agree for the NMC to contact them for this purpose: Yes

I also confirm that I am not related to the above named by birth, marriage or live at the same address: Yes

Health and Character

Do you have a health condition and/or disability that currently affects or could affect your ability to practise safely and effectively?

Yes  No

If yes, are you managing your health condition and/or disability so that you can practise safely and effectively?

Yes  No

If no, please provide details of your health condition and how it effects your practise? How do you make sure you don't put patients and others at risk?

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Do you declare that you are of good character, which enables you to practise safely and effectively?

Yes  No

Have you received a police charge, caution, conviction or conditional discharge that is not protected?

Yes  No

Have you ever been subject a finding that your fitness to practise is impaired by a body responsible for regulating or licensing a profession (including health and social care)?

Yes  No

Declaration

I understand that falsely representing myself as a nurse, midwife or nursing associate is a criminal offence and may result in prosecution. If any of the details provided in this application prove to be false, then this may result in me being removed from the register or subject to a fitness to practice proceedings. I'm also aware that the information I supply will be checked by the NMC and failure to provide detailed information will result in my application being delayed or rejected.

All of the information I have provided is true and accurate.

Signature: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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We're committed to treating everyone fairly. We ask you to provide information about your caring responsibilities, ethnicity, disability, gender identity, sexual orientation, religion and belief. This helps us understand the diversity of the people on our register. Please login to your NMC Online account to complete this questionnaire.

## NMC approved signatory list

An acceptable signatory should be a person in the United Kingdom who either:

- holds an active professional qualification (**Category A**); or
- provides a public service and is a 'person of good standing in their community' (**Category B**)

You can find some examples below of counter signatories that would be acceptable to the NMC.

For practical reasons, we're not able to provide a comprehensive list of all professions and organisations where persons holding a responsible position are acceptable.

### CATEGORY A

Signatories with active professional qualifications who work in a recognised profession in the United Kingdom

Acupuncturist  
Barrister  
Biomedical Scientist  
Commissioner of Oaths  
Registered Chiropodist  
Registered Dentist  
Registered Doctor  
Engineer  
Judge  
Legal Secretary  
Midwife (registered)  
Nurse (registered)  
Nursing associate  
Registered Optician  
Registered Orthodontist  
Registered Osteopath  
Registered Paramedic  
Registered Pharmacist  
Police Officer  
Psychologist  
Registered Social Worker  
Registered Solicitor/ Lawyer  
Surveyor  
Teacher  
Registered Care manager  
Registered Practice manager  
Vet

**CATEGORY B**

Signatories providing a public service in the United Kingdom who are 'a person of good standing in their community'

Civil Servant  
Member of Parliament  
Merchant Navy Officer  
Fire Service Official  
Police Officer  
Officer of armed services (active)  
Justice of the Peace/ Magistrate (active)  
Minister of a recognised religion

**Reference form 1: Declaration of good health and good character in support of an application for readmission to a part of the NMC register**



**Section A: Applicant's information**

NMC Pin: \_\_\_\_\_

Forenames: \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden name: \_\_\_\_\_ Previous name: \_\_\_\_\_  
(if applicable) (if applicable)

**Section B: To be completed by an NMC registrant on the same part of the register to which you are applying**

Please complete in black ink and BLOCK CAPITALS, all dates must be in the format DD/MM/YYYY

Full name: \_\_\_\_\_ NMC Pin: \_\_\_\_\_

Email address (if known): \_\_\_\_\_

Profession or position held (specify professional qualification): \_\_\_\_\_

Company or organisation name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Have you known the applicant for at least one year out of the three previous years and been in contact within the last six months? Yes  No

What is your relationship to the applicant? Please tick the relevant box Current employer  Previous employer

Other (please specify) \_\_\_\_\_

If you have employed the applicant, please complete the following:  
What were the exact dates of this employment?

From:  To:

Please state the last date that the applicant practised in a role requiring NMC registration:

Did you require this person to hold an effective NMC registration? Yes  No

If there is any further information you think the NMC should be made aware of when assessing this person's application, please state here:

\_\_\_\_\_

**Supporting declaration of good health (see notes overleaf before completing)**

To the best of my knowledge, I believe the above named applicant's health is sufficiently good to enable safe and effective practice. I also support their application to be readmitted to the professional register for nurses and midwives.

Signature: \_\_\_\_\_ Date:

**Supporting declaration of good character (see notes overleaf before completing)**

To the best of my knowledge, I believe the above named applicant's character is sufficiently good to enable safe and effective practice in terms of justifying the trust and confidence that the public would expect to have in nurses and midwives and are aware of the need to comply with the Code. I also support their application to be readmitted to the professional register for nurses and midwives

Signature: \_\_\_\_\_ Date:



## Notes on declaration of good health and good character

### What is good health?

For the purposes of being on the register, good health means fitness for registration. This is not the same as fitness for employment. As far as the NMC is concerned, you can have a serious and/or chronic condition and still be fit for registration. You may, for example, have depression, epilepsy, diabetes, heart disease, cancer, HIV or Hepatitis A or B but these conditions **alone** would not prevent you from being on the register. Conditions such as HIV or Hepatitis A or B might prevent you from working in some posts. However if you have a condition that can be easily passed to patients, other healthcare workers and the public, for example active tuberculosis, you would still be able to register but would need to tell an employer as you should not be working and putting patients, colleagues and the public at risk. Once you have had the effective treatment for the condition you should let your employer know. In this context, good health does not mean having no illnesses and conditions.

### What is good character?

Good character is not easy to define. Everyone registered with the NMC must comply with the Code: Professional standards of practice and behaviour for nurses and midwives. This sets out the shared values of all the UK healthcare regulatory bodies and provides specific guidance for nurses and midwives. This includes the requirement to "act in a way that justifies the trust and confidence the public have in nurses and midwives". A nurse or midwife who has been suspended by their own regulatory body because they are guilty of misconduct or are not fit to practise are unlikely to meet the NMC's requirement for good character.

### Important Information:

All persons supporting good health and good character must have known the applicant for at least one year out of the three previous years (excluding employers or registration authorities) and have been in contact within the last 6 months. They must **not** be a relative or an employee of the applicant.

Please ensure your referee provides a contact telephone number as we may need to contact them for further information.

### The consequences of making a false declaration:

It is a criminal offence for an individual to knowingly make a false declaration of good health or good character, either as to their own health or character or as a third part signatory (referee).

**Please ensure these notes are passed to your referee along with the reference form.**