

Application for restoration to the register

Your details

Please give as much information as you can. Missing details may result in your application being delayed.

Please note that if you do not respond promptly to requests for information regarding this application, we may close your case and you would have to re-apply which would cause further delays.

Surname	
Forename(s)	
Maiden name (if applicable)	
Previous PIN (if known)	
Previous case ref (if known)	
Date removed from register	
Have you made a previous application for restoration? (if yes include a date)	Yes No
Primary phone number	
Mobile phone number	
Alternative phone number	
Email address	
Current address	
Please insert the address that the NMC held during the previous proceedings (if different to the above)	

Employment details

Provide details of your paid or voluntary employment since your name was removed from the register.

Representative details

Are you represented?	Yes No
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If you are represented please provide as much information as you can.

Name	
Address	
Phone number	
Email address	
Union, solicitor or counsel?	

If you are not represented, do you intend to seek representation?	Yes No
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Referee's details

You must obtain references from three referees. To apply for restoration to the register you **must agree** to allow us to send your nominated referees a copy of the charges you were required to answer at your original hearing, and the transcript of the hearing. Please tick to indicate that you understand this requirement.

I understand the requirement above.

If you fail to complete the tick box, your application may be delayed.

Referee 1 name	
Address	
Phone number	
Email address	
How do you know this referee?	
Is this referee registered with us?	Yes No
If yes, please provide their PIN <small>(if known)</small>	

Referee 2 name	
Address	
Phone number	
Email address	
How do you know this referee?	
Is this referee registered with us?	Yes No
If yes, please provide their PIN <small>(if known)</small>	

Referee 3 name	
Address	
Phone number	
Email address	
How do you know this referee?	
Is this referee registered with us?	Yes No
If yes, please provide their PIN <small>(if known)</small>	

Why are you applying for restoration to the register?

Please answer the following questions

Have you been convicted of a criminal offence since your name was removed from the register?

Yes

No

Please note that we will complete a police check.

If yes, what was the offence?	
Please provide the name and address of the sentencing court.	
Hearing date	
Sentencing date	

Are you the subject of any criminal proceedings at the moment?

Yes

No

If yes, what was the offence?	
Which police station is dealing with the matter?	

Have you claimed to be a registered practitioner since you knew your name had been removed from the register?

Yes

No

If yes, please provide details.	
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Declaration

The information I have provided is true to the best of my knowledge and belief. I understand that if any information submitted proves to be false, the Fitness to Practise Committee will take it into consideration when considering my application for restoration.

Signed	
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Date	
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