



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Restoration Application Form

COMPLETING THIS FORM

1. When you have finished completing the form please save the form to your PC by either typing into the document or printing and completing it in **black ink** and **block capitals (please make sure to scan the document if completing by hand)**. This form can be completed electronically but must be **signed by hand** and **submitted in softcopy (email)** with all the necessary enclosed documents.
2. You can move from field to field by pressing the **Tab Button** or the cursor **arrow** keys.
3. You can move back through the previous fields by pressing the **SHIFT** and **Tab** buttons or the **arrow** keys.
4. Please return the completed form by email to us at registration@coru.ie.
 - a. *Please keep a copy of the completed form for your own records.*

Warning

1. It is an offence to **claim that you are registered** with the Registration Board **if you are not**.
2. If we find that you have submitted **forged or altered documents**, we will not process your application and **you may be prosecuted**.
3. If you gain registration or restoration, and we later find out that part of your application was **fraudulent**, we may **remove your name from the register** and you may be prosecuted.

Important points to note

DO:

- Complete the form and submit it to CORU in **softcopy (email) format only** with all required documents e.g. certified copies* of proof documents.
- If completing in your own handwriting, complete the form in **black ink and block capitals**.
- Mark boxes with an 'X'.
- Write dates in the form dd/mm/yyyy (day, month, year).
- Make sure you fill in **all** sections of the application form and that you include your payment.
- Answer all questions fully. If you need more space, please use additional information pages at the end and **reference** the section and question number you are elaborating on.
- Tell us immediately about any matter likely to affect your registration application and your ability to perform your professional duties.
- Keep a copy of all the material you send to us.

***Certified Copies:** A Solicitor, Commissioner for Oaths, Peace Commissioner, Notary Public or a member of an Garda Síochána must certify that the documents you submit are true copies of the originals. This means that you will have to show the original documents to one of the above. They must include their stamp on the copies to indicate they have been certified. If the certifier does not possess an official seal or stamp, then they must provide a signature and full name and address in block capitals.

Also note that you may be required to sign a statutory declaration which may be sworn before a Solicitor, Commissioner for Oaths, Peace Commissioner or a Notary Public.

DO NOT:

- Claim you are registered with the Registration Board if you are not.
- Send original documents as **we cannot return them**;
- Make arrangements or incur any expenses which depend upon the approval of your application by us. We will not accept liability for any loss or expense that you experience;
- Staple any part of your application. In exceptional circumstances, if an applicant is granted permission to post in a hard-copy restoration application form, do not staple any part of the application form. Where possible restoration application forms should be emailed to registration@coru.ie in a soft-copy format.

Please note:

- The Registration Board will not accept liability for any application form and enclosures that we return to you.
- The Registration Board will check all your documents and reserves the right to seek confirmation or verification in relation to anything contained therein.

- The Registration Board may verify, or ask you to verify, any information in this application form. We may also ask you to supply additional information and to supply this information by means of a statutory declaration.
- Applicants seeking restoration to the register will be required to comply with the bye-laws set by the relevant registration board for return to practice.

SECTION 1: General

First Name	
Last Name	
Date of Birth (dd/mm/yyyy)	
Previous Registration Number	
Registration Board	

Why was your name removed from the Register?

*(Please complete **A** or **B** whichever applies to you)*

(A)

I requested to be removed from the register **Voluntarily**:

(Note: You may be subject to return to practice requirements if more than two years since you last practised).

Date of Removal from Register: _____ (dd/mm/yyyy)

- If you are submitting this form less than 6 months after the date above, please now complete **Section 2, Section 5 and Section 6 only**.
- If you are submitting this form between 6 months and 2 years from the date above, then please complete **all remaining sections**. Please note if you have lived abroad during your time of removal, for longer than one year and one day, you will need to provide an original or certified copy of Certificate of Criminal Clearance, that must be dated within three months of the date of your restoration application.
- If you are submitting this form within a period greater than two years from the date above, then please complete **all remaining sections**. You will also be required to complete a statutory declaration (please contact CORU at registration@coru.ie).

OR

(B)

I was removed by the Registration Board for **Non Payment of Retention Fee**

What was the date that your retention (renewal) fee had been due?
(dd/mm/yyyy)

- If you are submitting this form less than 6 months after the date above, please now complete **Section 2, Section 5 and Section 6 only**.
- If the date you entered is more than 6 months ago, **do not complete this form**. You must reapply for registration and submit a standard Section 38 application. Please contact CORU at registration@coru.ie. (Note: You may be subject to return to practice requirements if more than two years since you last practised).

SECTION 2: Contact Details

To be completed by all applicants (Print in Block Capitals)

Address 1	
Address 2	
Address 3	
Address 4	
Country	
Telephone/Mobile Number (<i>By giving your number, you agree that we can contact you by telephone</i>)	
Email Address (<i>By giving your email address, you agree that we can contact you by email</i>)	

Workplace Details

Employer Name	
Workplace Name	
Job title	
Workplace Address	
Address 1	
Address 2	
Address 3	
Address 4	

Country	
Workplace Telephone Number	
Start Date of this Employment (dd/mm/yyyy)	

Living Abroad

I have lived abroad (outside of Ireland) for more than 1 year and 1 day since the date of my removal from the register	<input type="checkbox"/>
I have lived and worked abroad (outside of Ireland) for more than 1 year and 1 day since the date of my removal from the register	<input type="checkbox"/>
If you have ticked either of the boxes above, please provide further details below	

SECTION 3: Employment and Memberships

You should only complete this section if you voluntarily removed yourself from the register

What was your occupation(s) while you were off the register?

Please provide details of where you were working?

(If you worked in more than one place, please give details of each organisation you worked in.

Please copy the page if you wish to add a second or other employer. The Registration Board may contact your current/previous employers to confirm some or all of the information provided)

Employer Name	
Workplace Name	
Job Title	
Workplace Address:	
Address 1	
Address 2	
Address 3	
Address 4	
Country	

Workplace Telephone Number	
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SECTION 3: Employment and Memberships (Continued)

Regulatory Body Membership:

If you were working outside the State, were you registered with a Regulatory Body in the country you were working in?

Yes No

If **yes**, please give full details below:

Name of Regulator	
Address of Regulator	
Address 1	
Address 2	
Address 3	
Address 4	
Country	
Registration or license number	
Date of registration (dd/mm/yyyy)	From _____ To _____

Note: the Registration Board reserves the right to contact the regulator to verify the information provided above or to seek a Certificate of Professional Good Standing on your behalf.

Professional Body Membership:

If you were working outside the State, were you registered with a Professional Body in the country you were working in?

Yes No

If **yes**, please give full details below:

Name of Professional Body	
Address of Professional Body	
Address 1	
Address 2	
Address 3	
Address 4	
Country	

Membership number		
Date of Membership (dd/mm/yyyy)	From _____	To _____

SECTION 4: Fit and Proper

You need only complete this section if:

- I. you voluntarily removed yourself from the register and**
- II. you are applying for restoration more than six months after voluntary removal**

Health:

- 4.1 Do you have or have had in the past any physical health or mental health condition that may affect your ability to practise the profession for which you seek registration? If yes, please give details on a separate sheet.** Yes No
- 4.2 Have you ever been treated for alcohol or drug dependency? If yes, please give details on a separate sheet.** Yes No
- 4.3 Are you willing to undergo a health examination, if asked?** Yes No

Character:

- 4.4 Have you ever been prosecuted for, or convicted of, a criminal offence in Ireland or elsewhere? If yes, please give details on a separate sheet. Please note that you may wish to refer to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016.** Yes No
- 4.5 Have you lived outside of Ireland for more than one year since age 18? If yes, please provide an original or certified copy of a Certificate of Criminal Clearance from each country in which you have lived.** Yes No
- 4.6 Are there any prosecutions pending against you or are you being investigated for any criminal offence in Ireland or elsewhere? If yes, please give details on a separate sheet.** Yes No
- 4.7 Are you or have you been registered with another regulator in Ireland or elsewhere? If yes, please give details on a separate sheet.**

Yes No

4.8 Has any regulator (i) Refused to grant you registration or (ii) Placed conditions or restrictions on your practice of your profession or (iii) Cancelled/struck off your registration? If yes, please give details on a separate sheet.

Yes No

4.9 Have you been the subject of an adverse finding by a regulator or any professional or disciplinary body in Ireland or elsewhere? If yes, please give details on a separate sheet.

Yes No

4.10 Are you the subject of a pending inquiry or investigation by a regulator or any professional or disciplinary body in Ireland or elsewhere? If yes, please give details on a separate sheet.

Yes No

4.11 Are you or have you been the subject of an adverse disciplinary finding by your employer either in Ireland or elsewhere? If yes, please give details on a separate sheet.

Yes No

4.12 Has a regulator, employer or other body ever asked you to undergo an extended probationary period, remediation or retraining following an assessment of your competence or performance? If yes, please give details on a separate sheet.

Yes No

4.13 Have you ever been the subject of civil proceedings in Ireland or elsewhere in relation to the practice of this profession or any other profession? If yes, please give details on a separate sheet.

Yes No

4.14 Are you or have you ever been declared bankrupt or been a director of a company that was involved in insolvency proceedings? If yes, please give details on a separate sheet.

Yes No

4.15 Have you ever been deported or excluded from entry to another country? If yes, please give full details.

Yes No

PLEASE NOTE: You are required to complete National Vetting Bureau (NVB) vetting as part of the restoration process. In addition, if you have lived abroad in any one country for more than a year and one day since the date you were removed from the register, you must provide an original or certified copy of Certificate of Criminal Clearance. The Certificate of Criminal Clearance must be dated within three months of the date of your restoration application.

SECTION 5: Declaration

To be completed by all applicants

<input type="checkbox"/>	I CONFIRM my details are as I have indicated in this form
<input type="checkbox"/>	I CONFIRM that I have read, understand and will comply with the Code of Professional Conduct and Ethics for my profession.
<input type="checkbox"/>	I know of no reason why the Registration Board should not restore my registration under the Health and Social Care Professionals Act 2005.
<input type="checkbox"/>	I AM NOT the subject of proceedings of any sort, either in the Republic of Ireland or in any other jurisdiction, which could lead to conditions being imposed on my registration or license, or my registration or license being suspended, withdrawn or removed ¹
<input type="checkbox"/>	I AM NOT the subject of proceedings in the Republic of Ireland which could lead to me being convicted of an offence triable on indictment.
<input type="checkbox"/>	I AM NOT the subject of proceedings in another jurisdiction which could lead to me being convicted of an offence which, if carried out in Ireland, would constitute an offence triable on indictment.
<input type="checkbox"/>	I AM THE SUBJECT OF PROCEEDINGS referred to in one or more of the above 3 bullet points, which I declared to CORU in a previous CORU registration renewal process, and there has been no material change to the matter since then. (please only tick this box if it applies to you)

Signature: _____ Date: _____

(If you cannot sign this declaration, you should contact the Registrar in writing, explaining your circumstances.)

¹ If you are unsure whether you have been convicted of an offence which is triable on indictment in Ireland (or would be if the offence had been committed here), you should take your own legal advice. If you do not disclose a conviction which you should have disclosed, you may be prosecuted.

You do not have to disclose convictions which are spent, within the meaning of section 5 of the Criminal Justice (Spent Convictions and Certain Disclosures Act 2016). You should take legal advice in relation to when convictions are spent. If you do not disclose a conviction which you should have disclosed, you may be prosecuted.

SECTION 6: Restoration Fee

(Please tick **A** or **B**, or **C**, whichever applies to you)

(A)

Fee for restoration to the register within six months if you removed yourself voluntarily from the Register

Restoration Fee €0

Annual Retention Fee* €100

Total Due: €100

Or

(B)

Fee for restoration after a period of greater than 6 months if you removed yourself voluntarily from the Register

Restoration Fee €30

Annual Retention Fee* €100

Total Due: €130

Or

(C)

Fee for Restoration within six months if you were removed from the register for Non Payment of Fees

Restoration Fee €50

Annual Renewal Fee* €100

Total Due: €150

NOTE: If you were removed from the register and more than six months have passed since the annual retention (renewal) date for your profession, you will be required to re- apply for registration / complete a Section 38 application. Contact CORU at registration@coru.ie.

*Please note that retention fees shall be due again on the next annual retention date for your profession. The current retention dates for each profession are as follows:

Annual Retention Date	Register
31 March	Occupational Therapists, Optometrists, Dispensing Opticians, Podiatrists, Medical Scientists.
31 May	Social Workers
30 September	Physiotherapists
31 October	Dietitians, Radiographers, Radiation Therapists, Speech and Language Therapists

Payment Details

To be completed by all applicants

I am paying € (specify amount)	
I wish to use the following method of payment: (Please note: We do not accept cash or cheques)	<input type="checkbox"/> Postal Order <input type="checkbox"/> Bank Draft <input type="checkbox"/> Electronic Funds Transfer

Payment must be made to **CORU**

Bank details for electronic funds transfer are as follows:

Bank of Ireland
Branch Address: College Green, Dublin 2, Ireland
NSC: 90-00-17
A/C No.: 91061801
IBAN No.: IE30 BOFI 9000 1791 0618 01
BIC No.:BOFIE2D

Please ensure to get a receipt from your bank as you will need to submit it with this form to renew your registration. Please ensure your bank includes your name as a reference when sending electronic transfer so that we can track your payment.

Please Complete this restoration application form and send it in soft-copy along with payment or proof of payment to registration@coru.ie.

If you need any help or information, please contact us at registration@coru.ie or (01) 2933160.

You can find the online register and all relevant information for CORU registrants available on our website www.coru.ie

ADDITIONAL INFORMATION SHEETS

Please ensure to reference the section number and question number (if applicable) in front of the additional information you wish to provide.