



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh

Regulating Health +  
Social Care Professionals

# Restoration Application Form (0 – 6 Months) Following Removal for Non-Payment of Renewal Fees

Updated July 2023

An Chomhairle um Ghairmithe Sláinte agus Cúraim Shóisialaigh  
Health and Social Care Professionals Council

# Completing the Restoration Form

## Removal for non-payment of fees

(Restorations to the register within 0 to 6 months of the renewal date)

- **Step 1:** Complete all sections of this application form.
- **Step 2:** Pay €50 restoration fee and €100 renewal fee.
- **Step 3:** Email completed form to [registration@coru.ie](mailto:registration@coru.ie) and ensure you have included your proof of payment.

**Important note:** When six months after the annual renewal date have passed, there is no restoration process available. If a person has been removed from the register for non-payment of fees, and in cases where that person seeks to be registered more than six months after annual renewal date, the only option/route available is to apply for registration under section 38. Please see further information by [clicking here](#).

## 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. Please return the completed form by email to us at [registration@coru.ie](mailto:registration@coru.ie).
3. 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 the appendix 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.

### DO NOT:

- Claim you are registered with the Registration Board if you are not.
- 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](mailto: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.
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- 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

### Complete this form only if:

You were removed from the register for **Non-Payment of Renewal Fees** and you are submitting this form less than 6 months from the date below:

I confirm I am submitting this form less than 6 months from my profession's annual renewal date:

Annual renewal date of your profession: \_\_\_\_\_ (dd/mm/yyyy) please [click here](#) for a list of CORU's annual renewal dates.

Removal Date from Register: \_\_\_\_\_ (dd/mm/yyyy)

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

## SECTION 2: Contact Details

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

## 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)	

## SECTION 5: Declaration

Please note that restoration applicants must complete the following sections:

- **Section A:** all applicants
- **Section B:** if you have no disclosures to make **or**
- **Section C:** if you have disclosures to make relating to disciplinary sanctions and/or proceedings listed below.

Please note that applicants complete Section B or C and are not required to complete both. Please read the sections carefully to ensure the correct sections have been completed. Applicants can provide additional information in the appendix at the end of this document.

### Section A: General

<input type="checkbox"/>	<b>I CONFIRM</b> my details are as I have indicated in this form.
<input type="checkbox"/>	<b>I CONFIRM</b> that I have read, understand and will comply with the Code of Professional Conduct and Ethics for my profession.

### Section B: No Disclosures

<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"/>	<b>I AM NOT</b> 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 <sup>1</sup> .

<sup>1</sup> 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

<input type="checkbox"/>	<b>I AM NOT</b> 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"/>	<b>I AM NOT</b> 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.

### Section C: Disclosures

This section is only for restoration applicants that have disclosures to make, such as being the subject of disciplinary sanctions or proceedings outlined below.

**Important note:** If completing this section, you must provide additional information provided in the appendix at the end of this document.

<input type="checkbox"/>	<b>I AM</b> 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 <sup>2</sup> .
<input type="checkbox"/>	<b>I AM</b> 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"/>	<b>I AM</b> 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"/>	<b>I AM THE SUBJECT OF PROCEEDINGS, WHICH I DECLARED TO CORU IN A PREVIOUS CORU REGISTRATION RENEWAL PROCESS</b> , referred to in one or more of the above 3 bullet points, and there has been no material change to the matter since then.
<input type="checkbox"/>	<b>I AM CURRENTLY OR I HAVE BEEN PREVIOUSLY</b> , sanctioned, restricted or prohibited from practising or carrying on, any practice, profession or occupation which consists of the provision of health or social care services.

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

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

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.

<sup>2</sup> 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.



(If you cannot sign this declaration, you should contact the Registrar in writing [registration@coru.ie](mailto:registration@coru.ie) explaining your circumstances.)

## SECTION 6: Restoration Fee

Fee for restoration within six months if you were removed from the register for Non Payment of Renewal Fee:

Restoration Fee	€50
Annual Renewal Fee*	€100
<b>Total Due</b>	<b>€150</b>

\*Please note that renewal fees will be due again on the next annual renewal date for your profession. The current renewal dates for each profession can be found [here](#).

**NOTE:** If you were removed from the register and more than six months have passed since the annual renewal fee date for your profession, you will be required to re-apply for registration / complete a Section 38 application. For further information on our restoration procedures please [click here](#).

## Payment Details

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

Payment must be made to **CORU**.

### Electronic Funds Transfers

For Electronic Funds Transfer, please refer to the below bank details.

<b>Bank Name</b>	Bank of Ireland
<b>Branch Address</b>	College Green, Dublin 2, Ireland
<b>NSC</b>	90-00-17
<b>A/C No</b>	91061801
<b>IBAN No</b>	IE30 BOFI 9000 1791 0618 01
<b>BIC No</b>	BOFIE2D
<b>Important note:</b> Please ensure to get a receipt from your bank as you will need to submit it with this form to restore your registration. Please	

ensure your bank includes your name as a reference when sending electronic transfer so that we can track your payment.

**Next steps:** Please complete this restoration application form and send it in soft-copy along with payment or proof of payment to [registration@coru.ie](mailto:registration@coru.ie). Please be sure to include your name and registration number in the email.

If you need any help or information, please visit our website at <http://www.coru.ie/> or contact us at [registration@coru.ie](mailto:registration@coru.ie) or (01) 2933160.

## Appendix

Please ensure to use any of the **three sections** in the appendix below (if applicable) for any additional information you wish to provide.

Section 1: Criminal Offence	
Name of Country / State / Region where the offense took place:	
Name & address of Court:	
Date of conviction:	
Nature of offence:	
Penalty/Sanction imposed:	

Section 2: Sanctions for Health or Social Care Professions	
Name of Country / State / Region where sanction imposed:	
Date of finding/sanction:	
Sanction imposed or any undertaking(s) provided:	
Circumstances of the events leading to the sanction:	

### Section 3: Additional Information

Please ensure to provide any additional relevant information here: