



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh

Regulating Health +
Social Care Professionals

Restoration Application Form 2 Years+ Following Voluntary Removal

Updated July 2023

Completing the Restoration Form

Restoration Following Voluntary Removal

(Restorations from 2 years or more)

- **Step 1:** Complete all sections of the application form.
- **Step 2:** Submit eVetting form, proof of address and certified copy of identification.
- **Step 3:** Submit certified Statutory Declaration form.
- **Step 4:** Pay €30 restoration fee and €100 renewal fee.
- **Step 5:** Email completed form to registration@coru.ie and ensure you have included your proof of payment.

If you were removed for **non-payment of fees** you **should not** complete this form. Please complete form only if you were removed from the register voluntarily.

Important note: If you have lived abroad for more than one year and one day during your time of removal from the register, you will need to provide a certified copy of a Certificate of Criminal Clearance for each country you resided in for that length of time. Certificates of Criminal Clearance must be **dated within 3 months** of you leaving the country you resided in.

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.
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 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. Please note that statutory declarations cannot be certified by members of an Garda Síochána.

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

Complete this form only if:
You requested to be removed from the register voluntarily and you are submitting this form 2 years or more from the date below:
Voluntary removal refers to a registrant who applied to remove their name from the register by having completed the voluntary removal form.
I confirm I am submitting this form more than 2 years from my profession’s annual renewal date, renewal dates can be found here : <input type="checkbox"/>
Annual renewal date of your profession: _____ (dd/mm/yyyy)
Removal Date from Register: _____ (dd/mm/yyyy)
Important note: You may be subject to return to practice requirements if more than two years since you last practiced.

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

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

What was your occupation(s) while you were off the register?
Please provide details of where you were working?
I was not working while off the register (please tick box if applicable) <input type="checkbox"/>

Note: 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	
Main duties and responsibilities	

SECTION 4: Memberships

Regulatory Body Membership:

If you were working outside the State, since being removed from the register, were you registered with a Regulatory Body in the country you were working in?

Yes

No

N/A

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, since being removed from the register, were you registered with a Professional Body in the country you were working in?

Yes

No

N/A

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 5: Fit and Proper

Please note that restoration applicants that have voluntarily removed themselves from the register and are applying more than six months after voluntary removal must complete the following sections.

Applicants can provide additional information in the appendix at the end of this document.

Section 1: 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 refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2 Have you ever been treated for alcohol or drug dependency? If yes, please refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3 Are you willing to undergo a health examination, if asked?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 2: Character	
4.4 Since you have been removed from the register have you been prosecuted for, or convicted of, a criminal offence in Ireland or elsewhere? Please note that you may wish to refer to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016. If yes, please refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.5 Since you have been removed from the register have you lived outside of Ireland for more than one year since age 18? If yes, please provide an original or a certified copy of a Certificate of Criminal Clearance from each country in which you have lived.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.6 Since you have been removed from the register are there any prosecutions pending against you or are you being investigated for any criminal offence in Ireland or elsewhere? If yes, please refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.7 Since you have been removed from the register are you or have you been registered with another regulator in Ireland or elsewhere? If yes, please refer to appendix.	

Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.8 Since you have been removed from the register 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 refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.9 Since you have been removed from the register 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 refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.10 Since you have been removed from the register 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 refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.11 Since you have been removed from the register are you or have you been the subject of an adverse disciplinary finding by your employer either in Ireland or elsewhere? If yes, please refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.12 Since you have been removed from the register has a regulator, employer or other body asked you to undergo an extended probationary period, remediation or retraining following an assessment of your competence or performance? If yes, please refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.13 Since you have been removed from the register have you 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 refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.14 Since you have been removed from the register are you or have you been declared bankrupt or been a director of a company that was involved in insolvency proceedings? If yes, please refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.15 Since you have been removed from the register have you been deported or excluded from entry to another country? If yes, please refer to appendix.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 6: 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"/>	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.

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"/>	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.

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.

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

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.

<input type="checkbox"/>	I AM 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 ² .
<input type="checkbox"/>	I AM 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 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, WHICH I DECLARED TO CORU IN A PREVIOUS CORU REGISTRATION RENEWAL PROCESS , 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"/>	I AM CURRENTLY OR I HAVE BEEN previously, 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: _____

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

SECTION 6: Restoration Fee

Fee for restoration to the register for more than two years if you removed yourself **voluntarily** from the Register:

Restoration Fee	€30
Annual Renewal Fee*	€100
Total Due	€130

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

² 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.

Payment Details

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**.

Electronic Funds Transfers

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

Bank Name	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
<p>Important note: 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.</p> <p>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. Please be sure to include your name and registration number in the email.</p>	

If you need any help or information, please visit our website at <http://www.coru.ie/> or contact us at 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: