



## Statutory Declaration

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In accordance with prevailing legislation, applicants for registration must make this statutory declaration. 'Registration Board' refers to the Registration board for your profession \_\_\_\_\_ (*insert name of your profession*).

I,..... of .....  
(Name) (Home address)

**Declare as follows:**

1. **I am not aware** of any reason on grounds of physical or mental health why I might be unable to discharge the responsibilities of the profession for which I am applying for registration.
2. **I have read**, understood and will comply with the Code of Professional Conduct and Ethics for my profession.
3. **I understand** that I would be guilty of an offence if I make or cause to be made any false declaration or misrepresentation to obtain registration.
4. **I agree** to pay the correct fees for my registration.
5. **I acknowledge** that it is up to the Registration Board to decide if I meet the requirements for registration as set out in the Health and Social Care Professionals Act 2005.
6. **I understand that** the Registration Board has the right to verify or to ask me to verify any information contained in my application and to ask me to supply additional information in relation to my application. The Registration Board may ask me to supply this additional information by means of a statutory declaration.
7. **I agree to** Garda vetting.
8. **I agree** to provide a Police Clearance certificate from the Police Authority in each country where I have lived abroad for one year and one day or longer since the age of 18.
9. **I consent** to the Registration Board making such enquiries as it considers appropriate on receipt of Garda Vetting or Police Clearance.
10. **I understand** that canvassing of Council or Registration Board members, educational bodies, employers or anyone else in relation to my application is forbidden. I acknowledge that canvassing will not help my application and that the Registration Board will be told of any attempts at canvassing.
11. **I agree** to tell the Registration Board if my circumstances change during the course of my registration, especially if the change would have caused me to answer any of these questions differently. In particular, I agree to tell the Registration Board as soon as practicable about:
  - a. any mistakes in the Register that I know about and that relate to my registration;
  - b. any change in my name or address or contact details or any change of employer.
  - c. any granting to me by a body (other than the Registration Board) inside or outside the State, of a licence, certificate or registration relating to the practice of any profession;
  - d. any change in the status of such licence, certificate or registration (including any conditions attached to it);
  - e. anything likely to affect my right to such licence, certificate or registration; and
  - f. anything likely to affect my right to be registered under the Health and Social Care Professionals Act 2005.



- 12. **I understand** that if a complaint is made about me I may become the subject of the complaints, inquiries and discipline provisions of the Health and Social Care Professionals Act, 2005.
- 13. **I know** of no reason why the Registration Board should not grant me registration under the Health and Social Care Professionals Act 2005.
- 14. **I have signed** this form in my handwriting. The information in this form and in the support documents that I have provided is true and accurate to the best of my knowledge and belief.

I make this solemn declaration conscientiously and believe all the statements in it are true.

Declared before me by:

.....

*(insert name of the applicant swearing the declaration in capitals)*

who is personally known to me or who was identified to me by:

.....

**Or**

Whose identity has been established to me before the taking of this declaration by the production to me of passport number..... issued on .....by the authorities of ....., which is an authority recognised by the Irish Government.

**Or**

National identity card no. ....issued on ..... by the authorities of ..... [which is an EU Member State, the Swiss Confederation or a Contracting Party of the EEA Agreement]

At .....

.....

in the county or city of .....

This ..... day of ..... in the year.....

**X** .....  
Signature of applicant

.....  
**Signature and seal of a Practising Solicitor / Notary Public / Commissioner for Oaths / Peace Commissioner**

*(If you do not possess an official seal or stamp, then you must provide full name and address in block capitals)*