



Voluntary Removal Form

Application to have your name voluntarily removed from the register

Note: This form can be completed electronically but it must be signed physically before being sent as a .PDF email attachment.

First Name: _____ **Last Name:** _____

(If your last name has changed, you must provide certified proof of this change)

Date of Birth: _____ (dd/mm/yyyy)

Registration Number: _____

Registration Board: _____

Address (print in block capitals)

Address 1 _____
Address 2 _____
Address 3 _____
Address 4 _____
Country _____

Telephone or 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)

Please explain why you want to be removed from the register.

What will you be doing during your time off the register? (e.g. working abroad, taking a sabbatical)

How long do you expect to be off the register?



Reasons for Removal from Register

Maternity Leave	<input type="checkbox"/>
Career Break/ Leave of Absence	<input type="checkbox"/>
Working Abroad	<input type="checkbox"/>
Medical Leave	<input type="checkbox"/>

Other reasons for removal from the register:

If none of the above are relevant, please give details for removal from the register:	
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Declaration

I confirm that the information I have provided is correct.

In signing this declaration, I understand I cannot practice as a _____ in the State once being removed from the register.

I understand that I cannot use the protected title of _____ within the State once I have been removed from the register.

I understand that if I decide to practice again within the State I must apply for restoration to the register and I will be required to comply with any conditions for restoration at that point.

I understand that the Registration Board has a right to verify any information contained in this form and to ask for additional information.

✕ Signature: Date:



Please Note: To have your name restored to the register you must meet the restoration criteria and pay the following fees:

Restoration Requirements following Voluntary Removal from the Register		
Returning to Register	Fee	Main Requirements
Less than 6 months from date of removal	€100 Restoration and retention fee (covers retention fees to next retention date)	<ul style="list-style-type: none">• Complete Restoration Application Form• Minimum details required
6 months to 2 years from date of removal	€30 Restoration fee plus €100 retention fee (covers retention fees to next retention date)	<ul style="list-style-type: none">• Complete restoration application form• Greater details required• Submit application for eVetting disclosure• Provide work details, health and character declaration, code of conduct declaration
More than 2 years after date of removal	€30 Restoration Fee + €100 retention fee (covers retention fees to next retention date)	<ul style="list-style-type: none">• Complete standard application form• Full details required• Submit application for eVetting disclosure• You may be subject to other requirements if more than two years since you last practised.

The restoration fees as set out in this table were approved by Council at its meeting on 30 March 2017. The fees are effective for restoration applications received on or after 31 March 2017.

Please **complete and sign** this form and email attachment to: registration@coru.ie.

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