THENTIA CLOUD™ | Empowering Regulatory Transformation
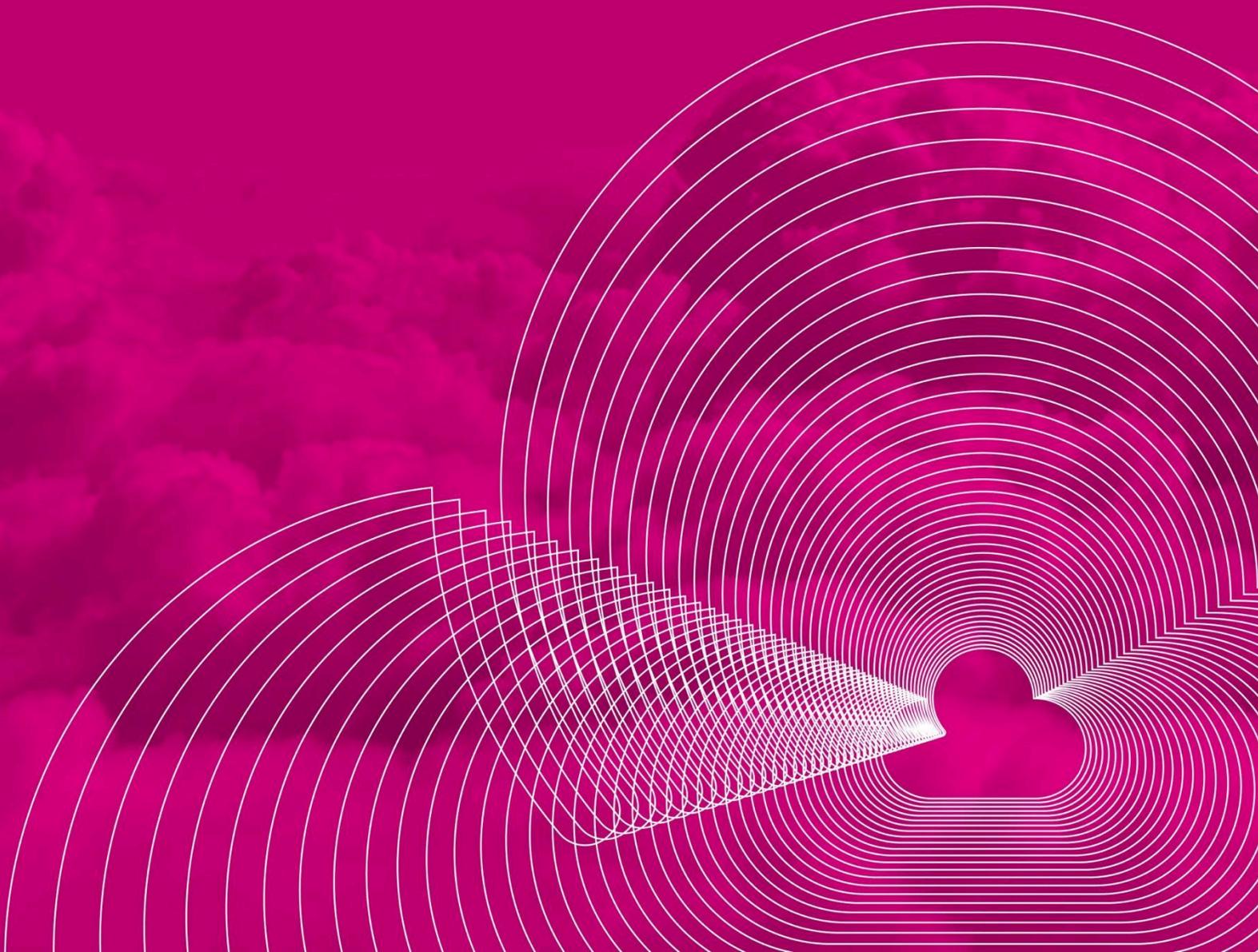
CORU
Registration Application

Example:

International Qualification Registration - Social Care Worker

User Guide

Introduction

This guide has been designed to walk through the steps of an International Qualification Registration - Social Care Worker application.

Read the Application Instructions and confirm that you have read the application guidance documentation related to this application pathway.

Note: A link to Registration Guidance Notes is available in the **Before You Begin** area.

Then click Save & Continue

Complete the Personal Infomation page

All Information with a red asterisk (*) is required.

Online Application

Online Applications
My Inbox
Fees & Receipts
Document Library
Account Settings

✔ Application Type : International Qualification Registration - Social Care Worker [1269]
✔ Application Instructions
3 **Personal Information**
4 Eligibility Information

Personal Information

Note: All information with a red asterisk (*) is required.

Title *   Select...

First Name *   Test

Do you have a surname? *   ○ Yes   ○ No

Professional Name *

Note: Please enter your full name, as you would like it printed on your registration certificate.

Previous Name (if any)

After entering all of your information, click **Save & Continue**

Opt In

☐ I confirm I would like to receive information about CORU's 2024 research survey "Health and Social Care Regulation Matters".

☐ I confirm I would like to subscribe to the CORU quarterly newsletter which provides regulation-related updates for Ireland's health and social care professionals.

Account Verification

What is your secret passphrase? *

Note: This will be used for identity verification purposes.

‹ Previous   Save & Continue ›

Complete the Eligibility Information

After entering all of your information, click **Save & Continue**

Complete the Languages of Professional Practice page

Please select the languages in which you practice your profession.

After entering all of your information, click **Save & Continue**

Complete the Qualification Information Page
Please provide your primary qualification in which you wish to be recognized. You may also wish to add additional qualifications, if relevant.

Click **+ Add New Records** to add new qualification information records.
Then enter all requested information such as Qualification Type, Institution Name, Education Details, Information, and Uploads.

After entering all of your information, click **Save & Continue**

After entering all of your information, click **Save & Continue**

Complete the Research Information Page

Click **+ Add New Records** to add research records.

Enter all requested information and click **Save & Continue** to record your entries.

After entering all of your information, click **Save & Continue**

Complete the Placement Information Page

Click **+ Add New Records** to add clinical placement records.

Enter all requested information and click **Save & Continue** to record your entries.

After entering all of your information, click **Save & Continue**

Complete the Internship Information Page

Click **+ Add New Records** to add internship details.

Enter all requested information and click **Save & Continue** to record your entries.

After entering all of your information, click **Save & Continue**

Complete the Continuing Professional Development Page

Click **+ Add New Records** to add continuing professional development CPD activities relevant to your profession.

Enter all requested information and click **Save & Continue** to record your entries.

After entering all of your information, click **Save & Continue**

Complete the Memberships Page

Click **+ Add New Records** to add memberships with any regulatory or professional body.

Enter all requested information and click **Save & Continue** to record your entries.

After entering all of your information, click **Save & Continue**

Complete the Employment History Page

Please refer to the **Employment Section of the website link** on the page before completing the Employment History section of your application.

Click **+ Add New Records** to add relevant post-qualifying work experience.

Enter all requested information and click **Save & Continue** to record your entries.

Complete the Verification Documentation Page

The following sections are components of your recognition application that require verification. These documents must be received directly by CORU from the organisation / educational institution that is required to certify the document. After emailing the document, will respond to the e-mail with a confirmation of receipt. When the verification has been processed it will indicate so.

Please read the instructions on each generated verification document.

Download - Use the download button to generate a verification form to send to the appropriate party.
Verified? - "Yes" indicates this component has been verified and the Download button will no longer be available.

After entering all of your information, click **Save & Continue**

Complete the Supporting Documents Page

Please check the **Registration Requirements webpage** linked on the page for information on certifying your documentation.

All documents must be certified correctly to ensure your application can be processed. Please upload relevant documentation for the required documents.

After uploading your information, click **Save & Continue** at the **bottom of the page**.

Complete the eVetting Page

Please download and complete the eVetting Information Form linked on the page. Please then upload the completed, signed, and dated form.

eVetting Form

Note: **All information with a red asterisk (*) is required.**

eVetting with the National Garda Vetting Bureau is a requirement.

Each applicant must complete an eVetting Invitation Form as part of their application.

Please download and complete the **eVetting Invitation Form** and upload as part of this step of the application.

After submission of this application, within 1 week you will receive an e-mail inviting you to apply for eVetting. Follow the link in the e-mail to complete the application online. You will be notified by e-mail when the eVetting outcome has been received by CORU.

Please upload the completed, signed, and dated by hand (using a ball point pen) eVetting invitation form. *

⬆ Choose Files

☐ I have provided documentation to validate my identity as required and I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. *

‹ Previous

Save & Continue ›

After entering all of your information, click **Save & Continue**

Complete the Fit and Proper Survey page

Fit and Proper Survey

By law, before your name can be entered on the Register for your profession, you must satisfy the Board that you are a fit and proper person to engage in the practice of the profession. This includes information on your health and character.

If you have a physical or mental health condition that may affect the practice of your profession you must give full details. This does not necessarily make you ineligible for registration. It is an opportunity for you to demonstrate how you manage your health issues and how this enables you to provide safe service to service users. Failure to give us relevant and accurate information may affect your application for registration.

Please note that you may wish to refer to the **Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016**.

Note: **All information with a red asterisk (*) is required.**

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? *
   ○ Yes ○ No

2. Have you ever been treated for alcohol or drug dependency? *
   ○ Yes ○ No

After entering your responses, click **Save & Continue** at the **bottom of the page**.

Complete the Fit and Proper Survey - Residency page

Have you ever lived outside Ireland for at least one year and one day, since 18 years old?

If not, select the **No** option then click **Save and Continue** at the bottom of the page.

If yes, select the **Yes** option and click **+ Add New Records** to add Residency information. Enter all requested information and click **Save & Continue** to record your entries.

Fit and Proper Survey - Residency

Note: **All information with a red asterisk (*) is required.**

Have you lived outside of Ireland for at least one year and one day, since 18 years old? *   ● Yes   ○ No

Residency Information

Please provide details on each country where you have lived outside Ireland for at least one year and one day or longer since the age of 18. You will be required to provide certified copies of certificate(s) of criminal clearance for each country. You are not required to report the same country twice.

Note: Information on Police Clearance requirements can be found on **CORU Police Clearance** page.

Country	Start Date	End Date	Clearance Body	Clearance Issue Date
No records have been added. Click **+ Add New Records** to add records.				

+ Add New Records

‹ Previous   Save & Continue ›

After entering all of your information, click **Save & Continue**

Complete the Attestation page

Attestation

Kindly attest to the following:

> **Note:** **All information with a red asterisk (*) is required.**

- [ ] I declare that the information entered in the application form and in all attached documentation is true and accurate.*

- [ ] I declare that I am eligible to practice my profession in the country where my primary professional qualification was obtained.*

- [ ] I understand that failure to disclose full information or any deliberate misrepresentation of information is a serious matter and will invalidate my application.*

- [ ] I understand that I may be required to submit further documentary evidence or information in support of any particulars given by me on my application form.*

- [ ] I undertake that any such further documentary evidence or information in support of any particulars given by me on my application form shall be true and accurate.*

- [ ] I understand that any false, misleading or incomplete information submitted by me will result in the revocation of my application or decisions made in respect of my application.*

- [ ] I agree to notify CORU in writing, of any change of personal details during the application process, e.g. change of last name or address, as and when such changes occur.*

- [ ] I confirm that I have read and understood the Guidance Notes in completing this application. *

After making your attestations, click **Save & Continue** at the **bottom of the page**.

Complete the Payment Page
Fee Breakdown will appear on the page.
Please select your method of payment.

- **Bank Card** – Please complete all billing information.
  Please note that we can only accept fees to be paid online by bank card. By clicking 'Process Payment' you will be taken to our payment processing page. If you encounter any issues please contact us at registration@coru.ie.

- **Check** – Please send your check to the address listed on the screen and click **Pay by Check/money order.**

Application Submission

Shortly after processing your payment method your application will be submitted and a **Submitted** banner will appear on the screen.