

Readmission to register form

1. Your details				
Name				
Registration no.	1.	2.		
Home address				
Postcode				
Contact phone no.	1.	2.		
Email				
2. Consent to publication of work details				
<p>If you wish your work address, contact telephone number and/or email address to appear on the publicly available CAHSC register, you must give us your consent by completing section 2 below.</p>				
Declaration of consent				
I consent to my work contact details as given below appearing on the publicly available CAHSC register.				
	Work Address	Postcode	Contact tel no.	email
1				
2				
3				
Signed:			Date:	
3. Fee payment (see page 3 for fee details)				
Please fill in one of the following three options and ✓ the box:				
	Option 1: I enclose a cheque /money order for £_____			
	Option 2: I have made a direct payment to the CAHSC bank account for £_____ on _____ [date] with reference _____			
	Option 3: I have paid online at MyCAHSC for £_____ on _____ [date]			

Initial each statement	4. Professional Declaration Please initial each statement to indicate that you accept it		
	I confirm that:		
	I wish to apply for re-admission to the CAHSC register		
	It is less than 3 years since my registration lapsed		
	I continue to meet the CAHSC standards of competence for my profession		
	I have not been investigated or disciplined by a professional, regulatory or licensing body or an employer in the UK or elsewhere during my last registration cycle nor since my registration lapsed		
	I have not accepted a police caution, been charged or convicted of a criminal offence or had civil proceedings (other than a divorce/dissolution of marriage or civil partnership) issued against me in the UK or elsewhere during my last registration cycle nor since my registration lapsed		
	I have not been the subject of an adult or child abuse investigation during my last registration cycle nor since my registration lapsed		
	I have never been barred under the Safeguarding Vulnerable Groups Act 2006 and /or the Protection of Vulnerable Groups (Scotland) Act 2007 from working with children and/or vulnerable adults and am not on any other barring list.		
	there have been no changes to my health during my last registration cycle nor since my registration lapsed which could impair my ability to practise safely and competently		
	my professional practise is covered by current and appropriate professional indemnity cover		
	I have met any continuing professional development requirements that apply to me		
	I have completed a CPD summary form covering the 3 years preceding the date of this application [if applicable]		
	I will comply with the CAHSC Rules and Code of Practice for Anthroposophic Health or Social Care Professionals, as appropriate to my profession		
	the information given in this form is true and accurate.		
	I understand that my personal data as disclosed in this form will be processed by the CAHSC in administering my registration. I consent to my personal data being processed for this purpose and for purposes related to the general and regulatory objectives of the CAHSC.		
	I undertake to tell the CAHSC as soon as reasonably practical about: <ul style="list-style-type: none"> • any changes to my health that may impair my fitness to practise • any event that calls into question my good character • any disciplinary action taken against me • any change in my personal or contact details 		
Name			
Signature		Date	
If you are unable to confirm any of the above statements please write to the Registrar, explaining why you are unable to confirm.			
Please send:		Admin use only	
<ul style="list-style-type: none"> • your completed readmission form • your cheque for the readmission fee 		Recd	
to: CAHSC Registrar		Ack	
St Devenick's		DB	
Murtle Estate		Auth	
Bielside			
Aberdeen			
AB15 9EP			

Readmission fee

This is the fee which we charge for readmission to the register where your registration has lapsed. The readmission fee includes your registration fee for one year.

Please decide which income bracket applies to you and select the related fee. Fill in the details in the re-admission form

How much is my readmission fee?

Your re-admission fee depends on your circumstances, as shown below:

Band	Your Annual Pre-tax Income	Your registration fee (for one year)
1	less than £15,000	£50
2	between £15,000 and £25,000	£90
3	between £25,000 and £35,000	£130
4	over £35,000	£170
5	supported on a needs basis (ie not employed or self-employed)	£130

How do I pay?

All payments must be made in UK Sterling.

You can pay by:

- cheque/money order : made out to the **Council for Anthroposophic Health and Social Care** or
- directly into the CAHSC bank account.

CAHSC Nat West account:

Sort code: **60-60-08**

Account number: **46554289**

Reference: **Your name & Registration number**

You can also pay online at MyCAHSC : www.cahsc.org

Contact us:

The Registrar
 CAHSC Office
 St Devenick's
 Murtle Estate
 Bieldside
 Aberdeen
 AB15 9EP

admin@cahsc.org

Tel: 01224 869844