**LATE RE-REGISTRATION APPLICATION FORM**

*Please complete all sections of this form if you wish to be considered for re-registration with SoHPS and reinstatement on the public register of Health Play Specialists.*

*The form should be returned by email to* [*registration@sohps.org.uk*](mailto:registration@sohps.org.uk) *following online submission of a CPD Profile Form.*

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| **PERSONAL DETAILS** | |
| Full name: | |
| Preferred email address: | |
| Registration number or  Date of Birth: | |
| **DECLARATION** *(If you are unable to check all boxes please contact* [*registration@sohps.org.uk*](mailto:registration@sohps.org.uk) *for advice.)* | |
| I confirm that I have read the Professional Standards ([*https://sohps.org.uk/wp-content/uploads/2024/07/SoHPS\_ps.pdf*](https://sohps.org.uk/wp-content/uploads/2024/07/SoHPS_ps.pdf) and agree to uphold these in my HPS practice. |  |
| I can confirm that my current health and character are sufficient to enable me to practise safely and effectively. |  |
| I have a current, valid DBS certificate / Enhanced Disclosure and can confirm that this mentions no issues which might be a cause of concern. |  |
| I have updated my personal and employment details on the SoHPS website. |  |
| I have maintained a record of my continuing professional development (CPD) which reflects the standards set out by SoHPS. |  |
| I have submitted an online CPD Profile Form for assessment via my personal page of the SoHPS website. |  |
| I have paid the late re-registration fee. (*fee payment options available at* [*https://sohps.org.uk/registration-payment-options/*](https://sohps.org.uk/registration-payment-options/) *)* |  |
| Date of fee payment and payment reference: |