

Retention on Register of Hearing Aid Dispensers



Registrar
Hearing Aid Council
70 St Mary Axe
London, EC3A 8BD



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hac@thehearingaidcouncil.org.uk
020 3102 4030

Completing this form

We recommend:

- before submitting this form, you photocopy it and all of the supporting documents for your own records;
- make sure you have included all of the relevant documents with your application. Failure to do so will result in your application being returned to you.
- You read the enclosed checklist before you return the form.

Section 1 – personal details: Details of current register entry as required under rule 4 of Registration Rules 2007

Name & Address:

Registration No:

Date of Birth:

Are the above details correct:
details)

Yes

No (If no please attach the correct

Please complete all the sections below.

Section 2 – payment details: Registration fee for 1 April 2008 to 31 March 2009 £695.00

To pay my fee, I have **either** (please tick):

(i) enclosed a cheque

Cheque Amount:

£ _____

(please write your surname, initials and registration number on the back of the cheque)

or

(ii) made a bank automated credit payment

Date of Payment: / / 2008

Reference : _____

(Please use your surname, initials and registration number as the reference.)

Note:

Cheque Payments: Cheques made payable to the Hearing Aid Council. Please ensure your registration number and name are clearly written on the reverse of the cheque.

BACS Payments: Payment made to the Hearing Aid Council. Sort Code: 12-18-05; Account No: 00653684
Please use your name and registration number as the reference.

If your employer is paying your fee, write the name of your employer here: _____

I have attached with a paperclip two passport size photographs with my name and registration number on the back of the photographs: (tick box)

Office use only:

Date received

Cheque amount

Cheque no.

Batch no.

On concept

Staff name

Section 3 – employment details

Please complete section A and/or B below. If you are employed and self-employed complete both sections.

A. I am employed (tick box):

Name of employer: _____

Full Address: _____

Telephone Number: _____

I am self-employed. I carry out business on my own account (tick box):

Business name: _____

Business address: _____

Business telephone number: _____

Section 4 – CPD Record

Record of CPD undertaken for the period 1 April 2006 to 31 March 2008, under the Hearing Aid Council CPD requirements as set out under rule 14 of the Registration Rules (2007)

Please state how many points you were required to achieve (for most dispensers this will be 50 points) and how many points you accrued in 2006-8. You can find further details about CPD requirements either on the HAC website at www.thehearingaidcouncil.org.uk or by contacting BSHAA):

CPD Target:

Structured points (activities accredited by the HAC): points

Unstructured points (recorded relevant learning activity 1 hour = 1 CPD point) points

CPD Achieved:

Structured points (activities accredited by the HAC): points

Unstructured points (recorded relevant learning activity 1 hour = 1 CPD point) points

Complete either section A if you met your CPD target for 2006-8 or section B if you did not:

A. I declare that I (*please write your name*)..... **have met** my HAC CPD requirements for the period April 2006 to March 2008 as stated in section 4A above.

B. I declare that I (*please write your name*)..... **have not met** my HAC CPD requirements for the period April 2006 to March 2008 as stated in section 4A above. I enclose a one page Action Plan to show how I will make up the shortfall before 30/06/08. I understand that this CPD activity cannot count towards my CPD requirement for 2008-09. I have stated how many points I accrued below.

I have enclosed an A4 Action Plan, with my name and registration number (please tick).

Section 5 - declaration

I (please write your name).....

- **declare** that all the details set out above are correct;
- **declare** that I have read, understood and will adhere to the Council's Regulations;
- **understand** the HAC will only use the information provided in performing its functions under the Hearing Aid Council Act 1968 (as amended) and I accordingly authorise the HAC to process my information;
- **understand** that fraudulently procuring an entry in the HAC register may result in criminal proceedings being taken against me.

Signature _____

Date: _____