

# Accredited Registration for Clinical Research Practitioners (CRPs): Walkthrough of Application Process

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## Table of Contents

Introduction.....	5
Outline of the application process to become a registered CRP .....	6
Create a Clinical Research Practitioner Portal account .....	6
CRP Directory application process .....	7
Experienced Practitioner Gateway application process (only for those without a level 6 qualification or above).....	10
Submit an Experienced Practitioner Gateway application .....	10
Complete the portal application .....	10
Portal navigation .....	10
Personal details section.....	11
Guidance section.....	13
Gateway documents section .....	15
Declarations section .....	16
Good character & health section .....	17
Monitoring information section.....	18
Payment section.....	19
AHCS PSA Accredited Register for CRPs application process: .....	22
Complete the portal application .....	22
Portal navigation .....	22
Personal details section.....	24
Guidance section.....	25
Professional identity section .....	29
Employer details section .....	29
Education and training section .....	30
Portfolio section.....	31
Good character & health section .....	32
Declarations section .....	33
Payment section.....	35
Monitoring information section.....	37
Complete application section.....	39
Application is checked by the AHCS's Administration team .....	39
Verification.....	39

Requests for further information .....	40
Application renewal (for Registered CRPs) .....	40
Keeping your personal details up to date .....	41

## Introduction

This document explains how to use the Academy for Healthcare Science's Clinical Research Practitioner portal. It includes information about:

- Creating a portal account
- The CRP Directory application process
- The Experienced Practitioner Gateway application process
- The CRP Register application process
- The registration renewal process
- How to keep your personal details up to date

More detailed guidance about how to prepare or support an application to the Academy for Healthcare Science (AHCS) Professional Standards Authority (PSA) Accredited Register for Clinical Research Practitioners (CRPs) is provided in the documents shown in the table below:

Title	Audience	Location
Experienced Practitioner Gateway to Clinical Research Practitioner Registration – Guidance for Applicants	CRPs applying to the Register who don't have a <a href="#">level 6 or above qualification</a>	<a href="#">The Gateway page of the AHCS website</a>
Accredited Registration for Clinical Research Practitioners (CRPs) – Guidance for Applicants	CRPs applying to the Register who have a <a href="#">level 6 or above qualification</a> or who have passed through the Experienced Practitioner Gateway	<a href="#">The Standards, Rules &amp; Guidance page of the AHCS website</a>
Accredited Registration for Clinical Research Practitioners (CRPs) – Guidance for Managers & Statutory Registered Healthcare Professionals supporting applicants	Line managers and Statutory Registered Healthcare Professionals supporting CRPs to apply for registration	<a href="#">The Standards, Rules &amp; Guidance page of the AHCS website</a>

## Outline of the application process to become a registered CRP

Before you apply for registration, you must join the CRP Directory. The Directory offers useful information to help CRPs apply to the Register, and it supports the diverse and growing community of CRPs.

After joining the CRP Directory, your next step depends on whether you have a [qualification at level 6 or above](#).


- **If you don't have a [qualification at level 6 or above](#):** You must first apply for registration through the Experienced Practitioner Gateway.
- **If you do have a [qualification at level 6 or above](#):** You can apply directly to the Register.

The AHCS charges different fees for each application type. You can find information about these fees on the [AHCS website](#).

If you have a disability, as defined under the Equality Act 2010, that might affect your engagement in the application and assessment process, please email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk) before you submit your application. The AHCS will then contact you to discuss any reasonable adjustments that can be made.

## Create a Clinical Research Practitioner Portal account

To apply for Registration you will need a Clinical Research Practitioner Portal account.

<ol style="list-style-type: none"><li>1. Load the <a href="#">Clinical Research Practitioner Portal webpage</a></li><li>2. Enter your first name, last name and email address. It is recommended that you use a personal email address if possible</li><li>3. Create a password, then confirm the password</li><li>4. Click the 'JOIN' button</li></ol> <p>If you need assistance to create an account, email <a href="mailto:crpadmin@ahcs.ac.uk">crpadmin@ahcs.ac.uk</a></p>	<h3>Join the Clinical Research Practitioner Portal</h3> <p>Want to join the Clinical Research Practitioner Portal? Create your account below.</p> <div><input type="text" value="First name"/><input type="text" value="Last name"/></div> <div> <input type="text" value="Email Address"/></div> <p><small>We recommend using a personal email address if possible.</small></p> <div><input type="password" value="Password"/><input type="password" value="Confirm Password"/></div> <p><small>Need assistance? <a href="#">Contact our team</a></small></p> <div><input type="button" value="JOIN"/></div>
--	--

<p>You will then need to verify your email address</p>	<div data-bbox="909 206 1243 311"> <h2>Verify your Email Address</h2> </div> <p>Before proceeding, please check your email for a verification link. Please check your spam / junk folder. If you did not receive the email, <a href="#">click here to request another</a>.</p> <div data-bbox="994 445 1163 506"> <p>HOME</p> </div>
--	--

## CRP Directory application process

To apply to the CRP Directory, you must agree to the following declarations:

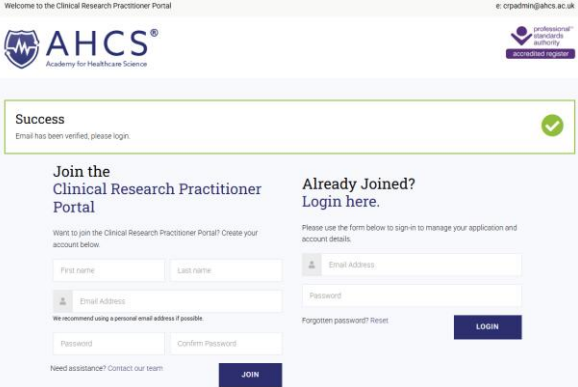
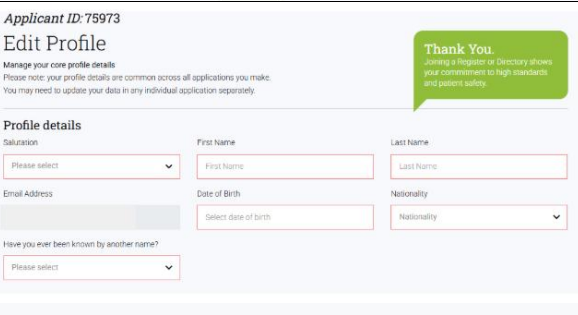
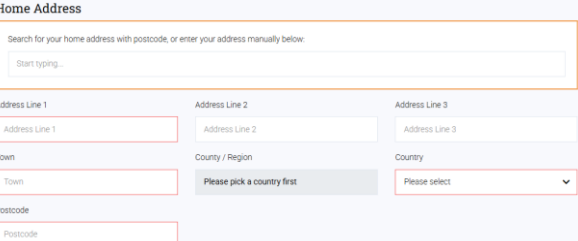

- *My job or role involves work in a research delivery role that involves direct contact with patients and/or activities in clinical environments and other health and social care settings.*
- *Upon receipt of this application, I agree that the Registrar can create my account in the directory database using the information I have provided.*
- *I will complete all information requested and submit payment of the fee (if required) within seven days.*
- *I consent to my Name and the Town/City of my current employer being included in the published version of a directory.*
- *I consent to the data I have provided being used to process my application and to contact me by via email or telephone if necessary.*



- *I will inform the Registrar of any changes to the information I have provided within four weeks of any change in my name, home address, employer or email address.*
- *I understand that my anonymised data may be used for the purpose of analysing and monitoring the workforce.*
- *I confirm the information I have provided is complete and correct.*

If you agree to the declarations, you can submit your application to join the CRP Directory by following the instructions below.

## Complete the Portal application

<p>Log in to the Portal using the email address and password you created earlier</p>	
<p>Complete any missing personal details in the 'About you' section</p> <p>If you have previously been known by any other names (e.g. your maiden name), select 'Yes' in the 'Have you been known by another name?' question'. This will create a new box for you to enter your most recent previous surname</p>	
<p>You can search for your home address using the postcode or enter it manually</p>	
<p>Click the 'UPDATE PROFILE' button</p>	



On the 'Start New Application page', click the 'START APPLICATION' button in the Directory section	<p><b>Start New Application</b></p> <p>Please select the part of the Academy's Register or the Directory you would like to apply for below.</p> <div> <p><b>Clinical Research Practitioner</b></p> <p>If you are looking to join the Clinical Research Practitioner Directory or Accredited Register, please visit <a href="http://www.ahcs.ac.uk/our-registers/clinical-research-practitioners/">www.ahcs.ac.uk/our-registers/clinical-research-practitioners/</a>.</p> </div> <p><b>Register</b></p> <div> <p><b>Clinical Research Practitioner Register</b></p> <p>This application cannot be started until the following applications have been completed &amp; approved:</p> <ul style="list-style-type: none"> <li>Clinical Research Practitioner Directory</li> </ul> <p><b>START APPLICATION</b></p> </div> <p><b>Directory</b></p> <div> <p><b>Clinical Research Practitioner Directory</b></p> <p><b>START APPLICATION</b></p> </div>
Update your telephone number, job title, current employer name and employer town/city on the 'Personal details' page	<p>Telephone Number (+44 format) <input type="text"/></p> <p>Job Title <input type="text"/></p> <p><b>Current Employer</b></p> <p>Employer Name <input type="text"/></p> <p>Employer Town / City <input type="text"/></p>
Click the 'NEXT' button at the top of the page	<p><b>Success</b></p> <p>Stage completed, please continue to the next stage.</p> <p>✓ COMPLETED <a href="#">EDIT</a> <b>NEXT</b></p>
Read the declarations carefully and click the 'ACCEPT' button if you agree	<p><b>Declarations</b></p> <p><b>Please read carefully and Accept the Declaration</b></p> <p>This declaration contains important information.</p> <p>I declare that:</p> <ul style="list-style-type: none"> <li>My job or role involves work in a research delivery role that involves direct contact with patients and/or activities in clinical environments and other health and social care settings.</li> <li>Upon receipt of this application, I agree that the Registrar can create my account in the directory database using the information I have provided.</li> <li>I will complete all information requested and submit payment of the fee (if required) within seven days.</li> <li>I consent to my Name and the Town/City of my current employer being included in the published version of a directory.</li> <li>I consent to the data I have provided being used to process my application and to contact me by email or telephone if necessary.</li> <li>I will inform the Registrar of any changes to the information I have provided within four weeks of any change in my name, home address, employer or email address.</li> <li>I understand that my anonymised data may be used for the purpose of analysing and monitoring the workforce.</li> <li>I confirm the information I have provided is complete and correct.</li> </ul> <p><b>Data Protection</b></p> <p>The Academy of Healthcare Science respects your privacy and is committed to protecting your personal data. We recommend you read the AHCS Privacy Notice, which provides more detail on how we manage data protection and your privacy.</p> <p><b>ACCEPT</b></p>
Click the 'NEXT' button at the top of the page	<p><b>Success</b></p> <p>Stage completed, please continue to the next stage.</p> <p>✓ COMPLETED <a href="#">EDIT</a> <b>NEXT</b></p>
Click the 'SUBMIT APPLICATION' button	<p><b>PREVIOUS</b> <b>SUBMIT APPLICATION</b></p> <p><b>Complete Application</b></p> <div> <p><b>Application ready to submit</b></p> <p>All sections have been marked as complete.</p> <p>Please ensure you have reviewed your application carefully and then submit your application when ready.</p> <p><b>SUBMIT APPLICATION</b></p> </div>

The AHCS's CRP Administration team will check your job title and employment details to make sure you meet the definition of a CRP. They might ask for more information to help them with this assessment. If you meet the definition of a CRP, you will be added to the CRP Directory.

## Experienced Practitioner Gateway application process (only for those without a level 6 qualification or above)

If you don't have a [level 6 qualification](#) or above, you must first apply to the [Experienced Practitioner Gateway](#). This step verifies that your experience is equivalent to a level 6 qualification.

To be eligible to apply to the [Experienced Practitioner Gateway](#), you must have more than 3 years of experience working at the level of practitioner of the [Skills for Health Career Framework](#).

You can only apply to the Experienced Practitioner Gateway after your application to join the CRP Directory has been accepted.

## Submit an Experienced Practitioner Gateway application

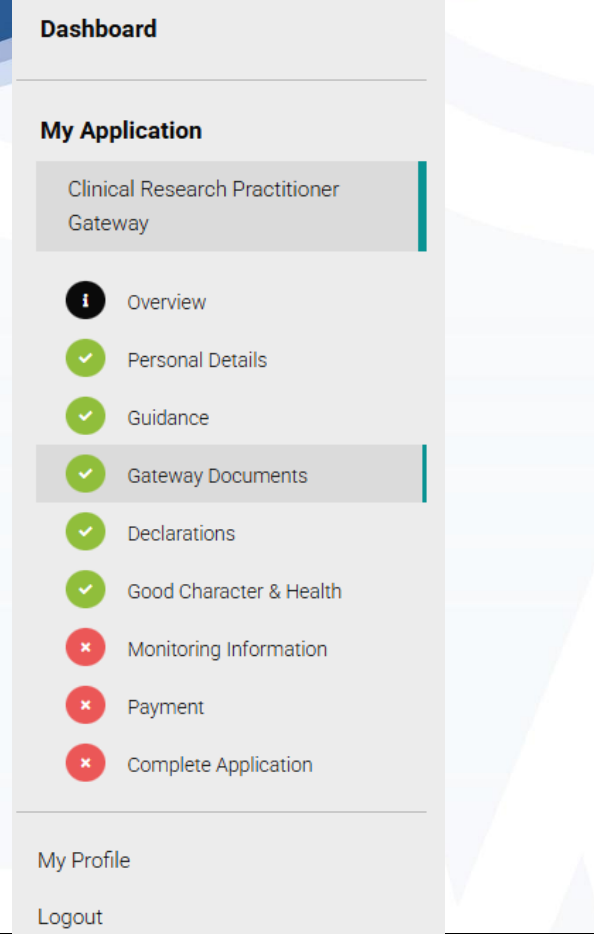
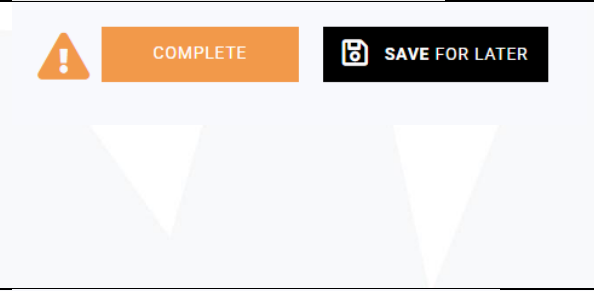

### Complete the portal application

#### Portal navigation

You can complete the application in any order that you choose when the 'Personal Details' page has been completed

You can move between sections by clicking the 'PREVIOUS' or 'NEXT' buttons



<p>You can also move between sections or using the 'My Application' menu on the left-hand side</p>	 <p>The screenshot shows a dashboard with a sidebar menu titled 'My Application'. The menu items are: Overview (info icon), Personal Details (checkmark), Guidance (checkmark), Gateway Documents (checkmark, highlighted with a blue bar), Declarations (checkmark), Good Character &amp; Health (checkmark), Monitoring Information (cross), Payment (cross), and Complete Application (cross). Below the menu are links for 'My Profile' and 'Logout'.</p>
<p>You can complete your application in one sitting or save it to revisit later</p> <p>Click the 'COMPLETE' button to mark a section as completed</p> <p>Click the 'SAVE FOR LATER' button to save your changes and return later</p>	 <p>The screenshot shows two buttons: an orange 'COMPLETE' button with a warning icon and a black 'SAVE FOR LATER' button with a save icon.</p>
<p>If you need to change a section after you have marked it complete, click the 'EDIT' button</p>	 <p>The screenshot shows two buttons: a green 'COMPLETED' button with a checkmark icon and a dark green 'EDIT' button with an edit icon.</p>

## Personal details section

You must re-confirm the personal details submitted previously.

<p>Login to the Clinical Research Practitioner Portal</p>	<p><b>Already Joined? Login here.</b></p> <p>Please use the form below to sign-in to manage your application and account details.</p> <div> <div>Email Address</div> <div> <div>.....</div> </div> <div> <a href="#">Forgotten password? Reset</a> <div>LOGIN</div> </div> </div>
<p>You must complete the 'Personal Details' section before you can complete the other sections</p> <p>Click the 'DETAILS REQUIRED' button to get started</p>	<div> <div> </div> <div> <div>Personal Details</div> <div>DETAILS REQUIRED</div> </div> </div>
<p>The 'About you' section shows your information on the CRP Directory</p> <p>Enter your work email address if you have one</p> <p>Select your specialism from the drop-down list</p> <p>Select your care setting from the drop-down list</p> <p><b>Note:</b> If you need to change your name or email address, email <a href="mailto:crpadmin@ahcs.ac.uk">crpadmin@ahcs.ac.uk</a></p>	<p><b>Personal Details</b> ⓘ</p> <p><small>Please provide the following personal details required for your application. Some details have been pre-filled from your profile.</small></p> <p><b>About you</b></p> <div> <div> <div>Salutation</div> <div>Mrs</div> </div> <div> <div>First Name</div> <div></div> </div> <div> <div>Last Name</div> <div></div> </div> </div> <div> <div>Personal Email Address</div> <div></div> </div> <div> <div>Work Email Address (Optional)</div> <div>Work Email Address</div> </div> <p><small>We recommend using a personal email address. If you want to swap your email addresses, go to the core profile page</small></p> <div> <div> <div>Date of Birth</div> <div></div> </div> <div> <div>Nationality</div> <div></div> </div> <div> <div>Have you been known by another name?</div> <div>Yes</div> </div> </div> <div> <div> <div>Select your Specialism</div> <div>Please select</div> </div> <div> <div>Telephone Number (+44 format)</div> <div></div> </div> </div> <div> <div> <div>Select your care setting:</div> <div>Other</div> </div> <div> <div>CRP</div> </div> </div>
<p>You can update your employer's name and location in the 'Current Employer' section if needed</p>	<p><b>Current Employer</b></p> <div> <div> <div>Employer Name</div> <div>CRP employer</div> </div> <div> <div>Employer Town / City</div> <div>Bradford</div> </div> </div>
<p>To update your home address, go to the 'My Profile' section on the left-hand side of the Dashboard</p>	<div> <div> <div>Home Address</div> <div> <div>Address Line 1</div> <div></div> </div> <div> <div>Address Line 2</div> <div></div> </div> <div> <div>Address Line 3</div> <div></div> </div> <div> <div>Town / City</div> <div></div> </div> <div> <div>County / Region</div> <div></div> </div> <div> <div>Country</div> <div></div> </div> <div> <div>Postcode / Zip</div> <div></div> </div> </div> <div> <div>Wrong Address?</div> <div>No problem. Click 'Edit Profile' to update your details.</div> </div> </div>

When you have completed the 'Personal Details' page, click 'COMPLETE'

Providing all the required fields have been completed, this will mark the 'Personal Details' section as completed

## My Application

Clinical Research Practitioner  
Gateway



Overview



Personal Details



Guidance



Gateway Documents



Declarations



Good Character & Health



Monitoring Information



Payment



Complete Application

My Profile

Logout

## Guidance section

This section includes the following information:

### **General information on completing your application**

*Please read this guidance before completing your application and confirm you have read it by clicking the button at the end of the page.*

*The notes are intended to help you understand and complete your application to the Experienced Practitioner Gateway. However, if there is something you do not understand, please contact us by emailing [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk).*

*Please also contact us if you experience any difficulty or have any impairment that means you are unable to complete the application.*

*Further details can be found on the AHCS website.*

### **Payment**

*Payment will be taken on submission of the application. Once payment has cleared, admin will review the application. The application fee is non-refundable.*

### **Assessment process**

*Your completed application will be assessed against the Gateway criteria. Applicants can expect to hear about the outcome within approximately one month of receipt of the application. During busy times, this may be up to six weeks.*

*All applications will be reviewed by a CRP specialist assessor. If after assessment, further information is required, you will be notified by email and may be asked for further information. You will have 28 days to make the changes to your application.*

### **Successful applications**

*Once you have received confirmation of a successful application to the Gateway you will be able to progress with your application to join the CRP Accredited Register. You need to ensure that you submit your application to join the Register within six months of passing through the Gateway.*

### **Incomplete or incorrect applications**

*Your application can only be assessed based on the information you provide. Every application is checked by a member of the Administration team to ensure the information you have provided is complete, otherwise you will be notified by email and may be asked for further information.*

### **Unsuccessful applications**

*Rejected - If your application does not meet the eligibility criteria it may be rejected. The AHCS will inform the applicant and line manager why this is the case to ensure awareness of the Experienced Practitioner Gateway's eligibility criteria. In certain circumstances, an appeal can be lodged against the decision. Applicants are advised to read the [appeals guidance](#) before doing this as specific conditions must be met before AHCS can consider an appeal.*

### **Fraudulent applications**

*If you falsify information about your identity or any other aspect of your application, your application will be suspended pending an investigation. If such information becomes known to us after you have been accepted through the Gateway process, an investigation will be opened, and you may not be able to make an application to the Accredited Register.*

### **Documents**

*You need to upload the required documents to the Gateway and ensure you have included the confirmation signature from your line manager.*

*Your documents can be uploaded in PDF, Word or JPEG format but if you need any assistance, please email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk).*

### **Declarations**

*Please make sure that you fully understand the Declaration statement before completing and submitting your application to the Experienced Practitioner Gateway.*



## Data Protection and Confidentiality

The Academy for Healthcare Science respects your privacy and is committed to protecting and safeguarding your personal data. The [AHCS Privacy Notice](#) informs you about how we look after your personal data when you visit our website and systems (regardless of where you visit from). It tells you about your privacy rights and how the law protects you under the General Data Protection Regulation.

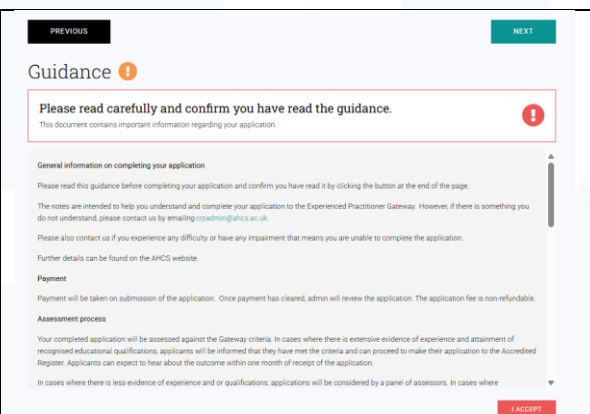
We may also use the information you provide to contact organisations and individuals named in your application, for example references, verifiers, professional bodies, education providers, and places of work.

We recommend you read the [AHCS Privacy Notice](#) in full, which provides more detail on how we manage data protection and your privacy.

The 'Guidance' section contains the information above to help you decide whether to make an application

You must read the information, and if you agree click 'I ACCEPT' to move to the next Section. This will mark the section as completed

If you have any questions about this information, please email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)



## Gateway documents section

Documents can be uploaded in PDF, Word or JPEG format. If you need help with this, email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)

You must upload the following documents:

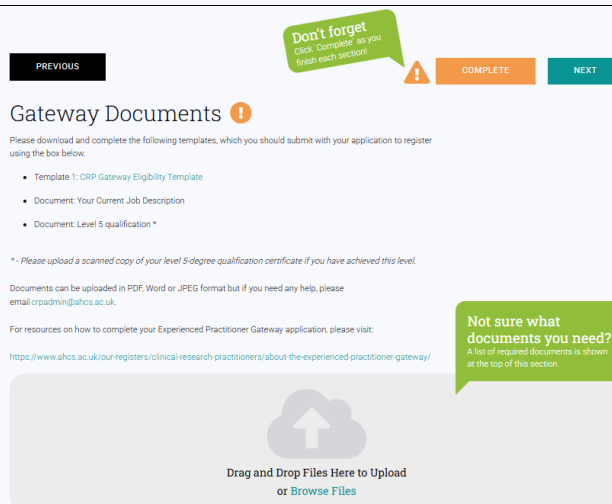
- Experienced Practitioner Gateway to CRP Registration Eligibility Form
- Job descriptions covering the last three years (**in chronological order**)
- Level 4 or 5 qualification (if you have one)
- Change of name certificate (if the name on your qualifications differs from the name on your application)
  - If your documents show different names, you must provide proof of name changes, such as a marriage certificate or deed poll.  
For example, if your qualification certificate shows your maiden name but your application uses your married name, you will need to upload your marriage certificate. You need to provide proof for all previous name changes. If you have multiple documents to prove your name has changed, please give each uploaded file a clear



description (e.g. 'marriage certificate 1', 'marriage certificate 2' or 'deed poll name change')

The AHCS can accept electronic and wet ink signatures on your documents.

This is where you upload the documents that support your application to the Experienced Practitioner Gateway

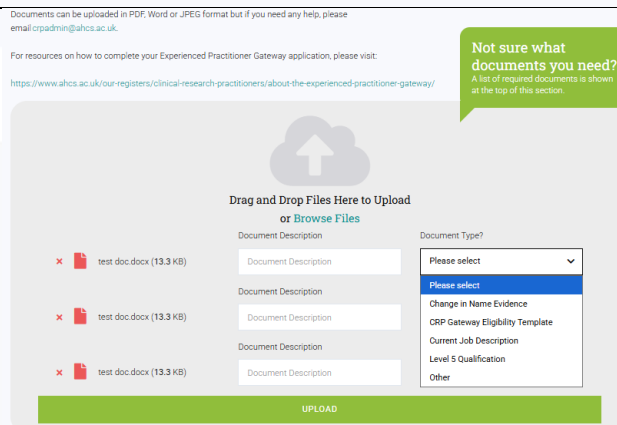


To upload files, you can either:

1. **Drag and drop** files from your file explorer directly into the application
2. **Click 'browse files'**. A pop-up bar will appear, allowing you to attach files

After uploading, give each document a description and select its type from the dropdown field

Once all required documents are uploaded, click 'Complete' at the top of the screen. This will mark the section as completed





## Declarations section

To apply to the Experienced Practitioner Gateway, you must agree to the following declarations:

- *I consent to the Academy for Healthcare Science using the data I have provided to process my application and to contact me;*
- *I understand that my anonymised data may be used for the purpose of analysing and monitoring the Healthcare Science workforce;*
- *I will inform the Academy for Healthcare Science of any change to the information I have provided within four weeks of the change, including, but not limited to, changes in name,*

*home address, email address, employer and those related to my good character and health self-declaration;*

- I consent to the Academy for Healthcare Science contacting any person or organisation to gather further information related to my application or to confirm the information that I have provided;*
- I confirm that the information I have provided is true and accurate and understand that if I have made a false declaration or provided any false information or documents in support of my application, the Academy for Healthcare Science will reject my application and may refer the matter to my employer, a professional body, a regulator, an awarding body or the police.*

<p>Read the declarations carefully and click 'I ACCEPT' if you agree</p> <p>This will mark the section as completed</p>	<div><div>PREVIOUS</div><div>NEXT</div><h3>Declarations </h3><div><p><b>Please read carefully and Accept the Declaration</b> </p><p><small>This declaration contains important information.</small></p><ul style="list-style-type: none"><li>• I consent to the Academy for Healthcare Science using the data I have provided to process my application and to contact me.</li><li>• I understand that my anonymised data may be used for the purpose of analysing and monitoring the Healthcare Science workforce.</li><li>• I will inform the Academy for Healthcare Science of any change to the information I have provided within four weeks of the change, including, but not limited to, changes in name, home address, email address, employer and those related to my good character and health self-declaration.</li><li>• I consent to the Academy for Healthcare Science contacting any person or organisation to gather further information related to my application or to confirm the information that I have provided.</li><li>• I confirm that the information I have provided is true and accurate and understand that if I have made a false declaration or provided any false information or documents in support of my application, the Academy for Healthcare Science will reject my application and may refer the matter to my employer, a professional body, a regulator, an awarding body or the police.</li></ul></div><div>I ACCEPT</div></div>
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## Good character & health section

The AHCS checks the health and character of all applicants, as required by the PSA. This section contains the following nine mandatory questions:

- 1. Do you have an unspent conviction or a caution in the UK for a criminal offence, or a conviction elsewhere for an offence which, if committed in England or Wales, would constitute a criminal offence?*
- 2. Are you currently subject to a binding over order given by the Crown Prosecution Service in England and Wales?*
- 3. Have you:*
  - 1) Been dismissed with an admonition or discharged under sections 246(1-3) of the Criminal Procedure (Scotland) Act 1995, or*
  - 2) Accepted a conditional offer under section 302 of that Act, or*
  - 3) Accepted a Compensation offer under Section 302A of that Act and/or Section 50 of the Criminal Proceedings etc (Reform) Scotland Act 2007?*
- 4. Have you agreed to pay a penalty under the Welfare Reform Act 2012 as an alternative to prosecution?*
- 5. Have you ever been found Fundamentally Dishonest under Civil Procedure Rule (CPR) 44.16 or Section 57(2) of the Criminal Justice and Courts Act 2015?*
- 6. Have you ever been barred from working with children or adults under the Safeguarding Vulnerable Groups Act 2006 or Protection of Vulnerable Groups (Scotland) Act 2007?*

7. Have you ever been disciplined by a health or social care regulatory body or a health and social care voluntary registration body?
8. Do you have any physical or mental health condition that would impair your fitness to practice as a clinical research practitioner?
9. Have you ever been involved in harassment, victimisation, bullying or other instances of misconduct?

If you answer 'yes' to any of the questions, you must provide further information about any matters that may affect your application. The information provided will be held in strictest confidence.

Answer all nine questions. If necessary, use the box provided for additional information

Click 'Complete' to mark the section as completed

Success

You may now edit this stage again.

Don't forget  
Click 'Complete' as you finish each section.

PREVIOUS

COMPLETE

NEXT

### Good Character & Health

We must check the health and character of everyone who applies to join the Experienced Practitioner Gateway. This is to ensure that applicants will be able to practise safely. Please consider the statements outlined below and give your answers truthfully.

If you answer 'yes' to any of these statements, please use the space provided to give further detail. Please note that answering yes may mean that you are unable to have a successful application. Your application will be reviewed by the Registrar who may respond by either accepting your application, refusing your application or defer pending further investigation.

**If you select YES to any questions, please give further information in the comments box below.**

Do you have an unspent conviction or a caution in the UK for a criminal offence, or a conviction elsewhere for an offence which, if committed in England or Wales, would constitute a criminal offence?	YES	NO
Are you currently subject to a binding over order given by the Crown Prosecution Service in England and Wales?	YES	NO
Have you: 1) Been dismissed with an admonition or discharged under sections 246(1-3) of the Criminal Procedure (Scotland) Act 1995, or 2) Accepted a conditional offer under section 302 of that Act, or 3) Accepted a Compensation offer under Section 302A of that Act and/or Section 50 of the Criminal Proceedings etc (Reform) Scotland Act 2007?	YES	NO
Have you agreed to pay a penalty under the Welfare Reform Act 2012 as an alternative to prosecution?	YES	NO
Have you ever been found Fundamentally Dishonest under Civil Procedure Rule (CPR) 44.16 or Section 57(2) of the Criminal Justice and Courts Act 2015?	YES	NO
Have you ever been banned from working with children or adults under the Safeguarding Vulnerable Groups Act 2006 or Protection of Vulnerable Groups (Scotland) Act 2007?	YES	NO
Have you ever been disciplined by a health or social care regulatory body or a health and social care voluntary registration body?	YES	NO
Do you have any physical or mental health condition that would impair your fitness to practice as a clinical research practitioner?	YES	NO
Have you ever been involved in harassment, victimisation, bullying or other instances of misconduct?	YES	NO

If you have answered Yes to any of the questions above, please detail any matters which may affect your application. The information provided will be held in strictest confidence.

Please enter here...

COMPLETE

SAVE FOR LATER

## Monitoring information section

The Academy for Healthcare Science is committed to being an inclusive and accessible organisation and to meeting its obligations to avoid discrimination under all relevant legislation. This section includes optional questions about the following:

- Gender
- Marital status
- Ethnic origin
- Sexual orientation
- Religion or belief

- Disability
- Any additional information you want to provide about your protected characteristics or whether you need any specific support

Each question has an option to not disclose the information requested.

Any information you provide will be managed in the strictest confidence according to the [AHCS Privacy Policy](#) and will not be used to assess your application.

Select the relevant answer to each question from the drop-down list

Click 'Complete' to mark the section as completed

#### Success

You may now edit this stage again.

Don't forget  
click 'Complete' as you  
finish each section

PREVIOUS

COMPLETE

NEXT

### Monitoring Information

The Academy for Healthcare Science is committed to being an inclusive and accessible organisation and to meeting its obligations to avoid discrimination under all relevant legislation.

The Equality Act 2010 is applicable in the United Kingdom except for Northern Ireland where the Disability Discrimination Acts 1995 and 2005 continue to apply. These Acts protect people from discrimination in the workplace and in wider society, including in respect of the following characteristics:

- age
- disability - including those with long term health conditions, learning disabilities and hidden disabilities such as dyslexia
- gender reassignment
- pregnancy and maternity
- race, including ethnic or national origins, colour or nationality
- religion or belief, including a lack of any belief
- sex
- sexual orientation

The Equality Act 2010 also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

Please consider the following questions, which you are not obliged to answer.

Any information you provide will be managed in the strictest confidence according to the AHCS Privacy Policy and will not be used as part of your application assessment.

Your information will not be shared but may be pseudonymised in aggregated analyses of applications to the Academy. It will help us to ensure fairness and equity when managing the various procedures we use to regulate registrants and when we communicate with you.

Please indicate your gender:

Please select

Please indicate the option which best describes your marital status:

Please select

Please indicate your ethnic origin:

Please select

Please indicate the option which best describes your sexual orientation:

Please select

Please indicate your religion or belief:

Please select

Do you consider yourself to have a disability?

Please select

We can make reasonable adjustments to ensure fairness and equity for our registrants. Please use the following box if you wish to add any additional information regarding the protected characteristics or whether you require any specific support.



COMPLETE



SAVE FOR LATER

## Payment section

You must pay a fee to submit your application. Information about the AHCS's fees is available on the [AHCS website](#).

Payment can be made by direct debit, debit card or credit card.

A non-refundable payment is taken when your application is submitted to the AHCS.

Click either the 'PAY BY DIRECT DEBIT' or 'PAY BY DEBIT/CREDIT CARD' button, depending on your preferred payment method

## Payment

### Experienced Practitioner Gateway

Before you make your application to the Experienced Practitioner Gateway, you must first set up a direct debit facility so that the appropriate fees can be paid. Please ensure you understand the terms and conditions before completing your application.

On application for admission to the Experienced Practitioner Gateway you will be charged a non-refundable fee of £10.

You will receive confirmation of your payment or a communication detailing the reasons for any payment failure.



PAY BY DIRECT DEBIT



PAY BY DEBIT/CREDIT CARD

This will take you to the 'Complete application section'

Click on the 'SUBMIT APPLICATION' button

PREVIOUS



SUBMIT APPLICATION

## Complete Application

### Application ready to submit

All sections have been marked as complete.

Please ensure you have reviewed your application carefully and then submit your application when ready.



SUBMIT APPLICATION

This takes you to a payment page based on the type of payment you selected

Complete your payment information, then click the 'PAY' button



## Set up a Direct Debit with Academy for Healthcare Science

### Direct Debit for Clinical Research Practitioner Gateway

Your Direct Debit will be set up now. We'll confirm the amount and let you know before future payments are taken.



Pay with **£** **GBP** ▼

#### Country of residence

United Kingdom ▼

#### Your personal details

First name

Last name

Enter your first name

Enter your last name

[or click here to use a company name](#)

#### Email address

We'll only use this to keep you updated about your payment

Enter your email address

#### Billing address line 1

54 Town Lane

#### Billing address line 2 (optional)

#### Town or City

Bradford

#### Postcode

BD10 8PN

[Click here to find another address](#)

Continue →

#### Payment

Card

Secure, fast checkout with Link ▼

Card number

1234 1234 1234 1234



Expiry date

MM / YY

Security code

CVC



Country

United Kingdom ▼

Postal code

WS11 1DB

By providing your card information, you allow ACADEMY FOR HEALTHCARE SCIENCE to charge your card for future payments in accordance with their terms.

BACK

PAY



When you have submitted your application and paid the relevant fee, the AHCS's CRP Administration team will check your application to ensure:

- You have at least three years' experience of working at the practitioner level of the [Skills for Health Career Framework](#);
- The eligibility form is completed correctly; and
- All required supporting documentation has been uploaded.

If your application passes the administrative checks, it will be sent to an Experienced Practitioner Gateway Assessor for review.

Once a decision has been made about your application, you will be notified of the outcome by the AHCS CRP Administration team.

If you are asked to provide further information:

- Make any updates to your eligibility form in red font to clearly show the new information;
- Ask your line manager to check the updates;
- You and your line manager must re-date the declaration boxes before resubmitting the form; and
- Remove all old versions of updated documents. Only the most up-to-date documents should be uploaded with your updated application.

## AHCS PSA Accredited Register for CRPs application process:

To be eligible to apply to the AHCS PSA Accredited Register for CRPs, you must have more than 12 months of experience working at the level of practitioner of the [Skills for Health Career Framework](#).

You can only apply to the Register after your application to join the CRP Directory has been accepted.

## Complete the portal application

### Portal navigation

You can complete the application in any order that you choose when the 'Personal Details' page has been completed  
You can move between sections by clicking the 'PREVIOUS' or 'NEXT' buttons

PREVIOUS

✓ COMPLETED

EDIT

NEXT












You can also move between sections or using the 'My Application' menu on the left-hand side

## Dashboard

### My Application

Clinical Research Practitioner  
Gateway

-  Overview
-  Personal Details
-  Guidance
-  Gateway Documents
-  Declarations
-  Good Character & Health
-  Monitoring Information
-  Payment
-  Complete Application

My Profile

Logout

You can complete your application in one sitting or save it to revisit later

Click the 'COMPLETE' button to mark a section as completed

Click the 'SAVE FOR LATER' button to save your changes and return later

If you need to change a section after you have marked it complete, click the 'EDIT' button



COMPLETE



SAVE FOR LATER





COMPLETED

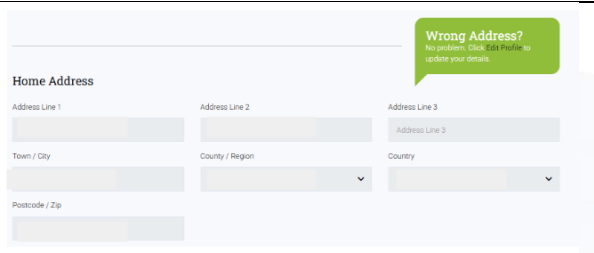
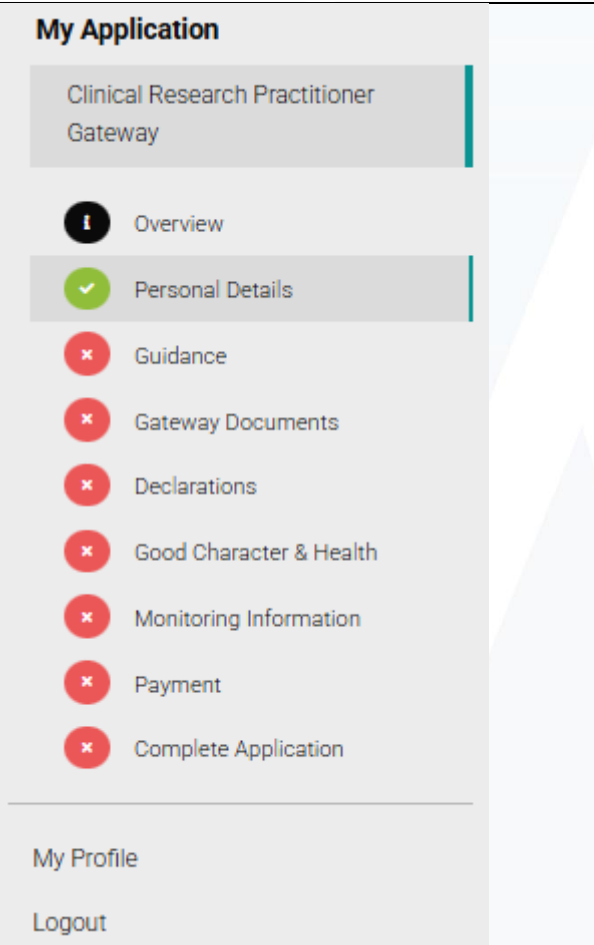


EDIT

## Personal details section

You must re-confirm the personal details submitted previously.

<p>Login to the <a href="#">Clinical Research Practitioner Portal</a></p>	<h3>Already Joined? Login here.</h3> <p>Please use the form below to sign-in to manage your application and account details.</p> <div><input type="text" value="Email Address"/></div> <div><input type="password" value="*****"/></div> <p><a href="#">Forgotten password? Reset</a> <a href="#">LOGIN</a></p>
<p>You must complete the Personal Details section before you can complete the other sections</p> <p>Click the 'DETAILS REQUIRED' button to get started.</p>	<div><div><div>Personal Details</div><div>DETAILS REQUIRED</div></div></div>
<p>The 'About you' section shows your information on the CRP Directory</p> <p>Enter your work email address if you have one</p> <p>Select your specialism from the drop-down list</p> <p>Select your care setting from the drop-down list</p> <p><b>Note:</b> If you need to change your name or email address, email <a href="mailto:crpadmin@ahcs.ac.uk">crpadmin@ahcs.ac.uk</a></p>	<h3>Personal Details </h3> <p>Please provide the following personal details required for your application. Some details have been pre-filled from your profile.</p> <div><div><b>About you</b></div><div><div><div>Salutation</div><div>Mrs</div></div><div><div>First Name</div><div></div></div><div><div>Last Name</div><div></div></div></div><div><div><div>Personal Email Address</div><div></div></div><div><div>Work Email Address (Optional)</div><div></div></div></div><div><div><div>We recommend using a personal email address. If you want to swap your email addresses, go to the <a href="#">user profile page</a></div></div><div><div>Date of Birth</div><div></div></div><div><div>Nationality</div><div></div></div><div><div>Have you been known by another name?</div><div>Yes</div></div></div><div><div><div>Select your Specialism</div><div>Please select</div></div><div><div>Telephone Number (+44 format)</div><div></div></div></div><div><div><div>Select your care setting</div><div>Other</div></div><div><div>CRP</div></div></div></div>

<p>To update your home address, go to the 'My Profile' section on the left-hand side of the Dashboard</p>	
<p>When you have completed the 'Personal Details' page, click 'COMPLETE'</p> <p>Providing all the required fields have been completed, this will mark the 'Personal Details' section as completed</p>	

## Guidance section

This section includes the following information:

### **General information on completing your application**

*Please read this guidance before completing your application and confirm you have read it by clicking the button at the end of the page.*

*The notes are intended to help you understand and complete your application to the Clinical Research Practitioner Register. However, if there is something you do not understand, please contact us by emailing [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk).*

*Please also contact us if you experience any difficulty or have any impairment that means you are unable to complete the application.*

*Acceptance for the Clinical Research Practitioner Register demonstrates that you meet the standards expected of you as a member of the healthcare science and clinical research delivery workforce and shows you have the skills and knowledge to practise your profession safely and effectively.*

*Further details can be found on the AHCS website.*

### **Payment**

*Payment will be taken on submission of the application. Once payment has cleared, admin will review the application. The application fee is non-refundable.*

### **Successful applications**

*For applications to join the register, once payment has cleared and administrative checks have been completed, we will:*

- *Submit your application for the required verification process;*
- *Notify you by email of any further information required with instructions;*
- *Notify you on the day we approve your registration; and*
- *Enter your details onto the public Register.*

*If your registration is accepted you will be entitled to use the AHCS Registrant's Mark on personal email signatures and other correspondence. Further details will be supplied to you by email once your application is approved.*

### **Incomplete or incorrect applications**

*Your application can only be assessed based on the information you provide. Every application is checked by a member of the Administration team to ensure the information you have provided is complete, otherwise you will be notified by email and may be asked for further information. Please ensure you resubmit your completed application as quickly as possible.*

### **Unsuccessful applications**

*Your application may not be accepted for a range of reasons. If your application is unsuccessful, one of our Administration team will contact you by email with an explanation.*

*You can appeal against the decision within 28 days of the date on the rejection email by writing to the Registrar and providing the grounds for your appeal (that is, why you believe that the decision taken is wrong). The application fee is non-refundable*

### **Annual Registration Renewal**

*Your registration with the AHCS lasts for 12 months from the date your initial application is accepted. To remain on the Clinical Research Practitioner Register you must submit a registration renewal application.*

*You will receive a renewal notification by email 60 days in advance of your registration renewal date, followed by weekly email reminders containing instructions on how to renew beginning 30 days before your renewal date.*

*Once renewal payment has cleared and administrative checks have been completed, we will:*

- *Notify you by email of any further information required;*
- *Notify you on the day we accept your renewal application; and*
- *Ensure your details are maintained on the public Register.*

*When your renewal is accepted you will be entitled to continue to use the AHCS Registrant's Mark on personal email signatures and other correspondence. If your registration lapses, you must not use the AHCS Registrant's Mark. The renewal fee is non-refundable.*

### **Fraudulent applications**

*If you falsify information about your identity or any other aspect of your application, your application will be suspended pending an investigation. If such information becomes known to us after you have been accepted onto the register, a Fitness to Practise investigation will be opened and your registration may be suspended or terminated. You may be committing a criminal offence if you provide false information or attempt to gain entry to the register by deception, and you may be prosecuted.*

### **Declarations**

*Please make sure that you fully understand the Declaration statement before completing and submitting your application to the Clinical Research Practitioner Register. You may be committing a criminal offence if you provide false information or attempt to gain entry to the register by deception and you may be prosecuted.*

### **Data Protection and Confidentiality**

*The Academy for Healthcare Science respects your privacy and is committed to protecting and safeguarding your personal data. The [AHCS Privacy Notice](#) informs you about how we look after your personal data when you visit our website and systems (regardless of where you visit from). It tells you about your privacy rights and how the law protects you under the General Data Protection Regulation.*

*The AHCS processes your personal data for the following purposes:*

- *to administer your application to register with the Academy for Healthcare Science and any subsequent renewals of registration*
- *to maintain and publish the Accredited Register.*

- *to confirm that you comply with our standards, including but not limited to continuing professional development and educational requirements.*
- *to investigate concerns or complaints made about you and concerns or complaints made by you.*
- *publishing the outcome of any Fitness to Practise investigation made about you and working with any other authorised body that may be investigating your activities.*
- *providing your name, profession, registration number, registration dates and location of your practise to a member of the public requesting that information and making the same available through the publication of the Register.*
- *monitoring and analysing the Equality and Diversity information you may provide.*
- *informing you about the activities of the AHCS and any changes to legislation that may affect your registration or practise.*

We may also use the information you provide to contact organisations and individuals named in your application, for example references, verifiers, professional bodies, education providers, and places of work.

We recommend you read the [AHCS Privacy Notice](#) in full, which provides more detail on how we manage data protection and your privacy.

The 'Guidance' section contains the information above to help you decide whether to make an application

You must read the information, and if you agree click 'I ACCEPT' to move to the next Section. This will mark the section as completed

If you have any questions about this information, please email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)

PREVIOUS

NEXT

## Guidance !

**Please read carefully and confirm you have read the guidance.**

This document contains important information regarding your application.

**General information on completing your application**

Please read this guidance before completing your application and confirm you have read it by clicking the button at the end of the page.

The notes are intended to help you understand and complete your application to the Experienced Practitioner Gateway. However, if there is something you do not understand, please contact us by emailing [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk).

Please also contact us if you experience any difficulty or have any impairment that means you are unable to complete the application. Further details can be found on the AHCS website.

**Payment**

Payment will be taken on submission of the application. Once payment has cleared, admin will review the application. The application fee is non-refundable.

**Assessment process**

Your completed application will be assessed against the Gateway criteria. In cases where there is extensive evidence of experience and attainment of recognised educational qualifications, applicants will be informed that they have met the criteria and can proceed to make their application to the Accredited Register. Applicants can expect to hear about the outcome within one month of receipt of the application.

In cases where there is less evidence of experience and/or qualifications, applications will be considered by a panel of assessors. In cases where

I ACCEPT



## Professional identity section

The professional identity section is for you to provide details of any professional membership or registration in either the UK or overseas. If you do not have a professional membership or registration, you can leave this section blank

If you have more than one professional membership or registration, you can add more by clicking on the 'ADD ANOTHER MEMBERSHIP OR REGISTRATION' button. There is no limit to how many you can add

You must answer the last question about whether you practice your profession in a private capacity

When you have completed all relevant fields, click the 'COMPLETE' button. This will mark the section as completed

The screenshot shows the 'Professional Identity' section of a form. At the top, a 'Success' message states 'You may now edit this stage again.' with a green checkmark icon. Below this are 'PREVIOUS', 'COMPLETE', and 'NEXT' buttons. A green callout bubble says 'Don't forget! Click 'Complete' as you finish each section!'. The main heading is 'Professional Identity' with an information icon. A note below says 'Please provide details of any professional membership or registration, in either the UK or overseas. If you do not have any, please leave blank and click Complete.' A green box on the right says 'Please Note: Private Practice question is compulsory but Memberships are optional.' The 'Membership #1' section has fields for 'Organisation Name', 'Membership / Registration Number', and 'Start Date'. A question 'Is this membership/registration current?' has 'YES' and 'NO' radio buttons. A green button below says 'ADD ANOTHER MEMBERSHIP OR REGISTRATION'. The 'Private Practice' section asks 'Do you practice your profession in a private capacity?' with a dropdown menu showing 'No'. At the bottom are 'COMPLETE' and 'SAVE FOR LATER' buttons.

## Employer details section

Enter your current employer's details in the 'employer details' section

You only need to enter your current CRP role for your registration application, but you can add as many previous employers as you want by clicking the 'ADD ANOTHER EMPLOYMENT' button

You can search for your employer's address using the postcode or enter it manually

When you have completed all relevant fields, click the 'COMPLETE' button. This will mark the section as completed

The screenshot shows the 'Employer Details' section of a form. At the top, a 'Success' message states 'You may now edit this stage again.' with a green checkmark icon. Below this are 'PREVIOUS', 'COMPLETE', and 'NEXT' buttons. A green callout bubble says 'Don't forget! Click 'Complete' as you finish each section!'. The main heading is 'Employer Details' with an information icon. A note below says 'Please provide details of your current employment.' A green box on the right says 'Great - you're halfway to completing your application!'. The 'Employer 1' section has fields for 'Job Title', 'Employer Name', 'Department', 'Phone Number (+44 format)', and 'Phone Number'. A search bar for the employer's address is present with the text 'Search for your employer address with name or postcode, or enter your address manually below:'. Below this are fields for 'Address Line 1', 'Address Line 2', 'Address Line 3', 'Town', 'Country / Region', and 'Postcode'. A dropdown for 'NHS Region' is also shown. A question 'Current Employer' has 'YES' and 'NO' radio buttons. A green button below says 'ADD ANOTHER EMPLOYMENT'. At the bottom are 'COMPLETE' and 'SAVE FOR LATER' buttons.



## Education and training section

Documents can be uploaded in PDF, Word or JPEG format. If you need help with this, email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)

The education and training section is where you add your education details.

### Level 6 qualifications

If you did not apply for registration via the Experienced Practitioner Gateway (for applicants who do not have [a level 6 or above qualification](#)), you must enter details of a [level 6 or above qualification](#) in the 'Qualification #1' section. If your level 6 qualification was awarded by a non-UK institution, you must upload a copy of your UK ENIC certificate (formerly NARIC) as well.

Please upload the degree certificate and or the degree transcript.

### Experienced Practitioner Gateway

If you have gone through the Experienced Practitioner Gateway route, please **type in the text box 'CRP Experienced Practitioner Gateway PASS'**.

You will also need to upload your Experienced Practitioner Gateway application approved email into this section.

When you are ready to upload the EPG application approval email, please enter the following text in the below sections:

- **Qualification Name:** CRP Experienced Practitioner Gateway PASS
- **Start Date:** Date you received EPG approved outcome,
- **End Date:** Date you received EPG approved outcome,
- **Institution Name:** AHCS,
- **Town / City:** Online,
- **Country:** United Kingdom.

### Education and Training

Please provide details of:

- An undergraduate (level 6, BSc) degree qualification and upload a scanned copy of your certificate. In the Qualification field, please include the type of degree (e.g. B.Sc.) and full title as shown on your certificate.

OR, if you have previously been approved via the Gateway, type in the text box:

- CRP Experienced Practitioner Gateway PASS. PLEASE ENSURE YOU UPLOAD THE GATEWAY APPROVAL EMAIL CONFIRMATION

In the UK, the Higher Education institution must be on the Office for Students list of recognised providers.

If a degree qualification was awarded by a non-UK institution, please also upload a copy of a ENIC certificate indicating comparability with UK standards.

You can add more than one qualification if appropriate.

#### Qualification #1

Qualification

 DELETE

Qualification Name

Start Date

End Date


 

Institution Name

Please upload your certificate

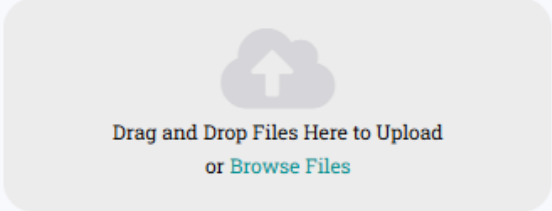
Town / City

Country



Drag and Drop Files Here to Upload  
or [Browse Files](#)

ADD ANOTHER QUALIFICATION

<p><b>Other relevant applications</b></p> <p>You can add details of any other relevant qualifications, such as a master's degree</p>	
<p>To upload files, you can either:</p> <ol style="list-style-type: none"> <li>1. <b>Drag and drop</b> files from your file explorer directly into the application.</li> <li>2. <b>Click 'browse files'</b>. A pop-up bar will appear, allowing you to attach files.</li> </ol> <p>After uploading, give each document a description and select its type from the dropdown field</p> <p>Once all required documents are uploaded, click 'Complete'. This will mark the section as completed</p>	<p>Please upload your certificate</p> 

## Portfolio section

Documents can be uploaded in PDF, Word or JPEG format. If you need help with this, email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)

You must upload the following documents:

- CRP Registration Documented Assurance and Line Manager Confirmation
- Reflective account 1.1 - Professional Accountability
- Reflective account 1.2 - Leadership
- Reflective account 1.3 - Working across boundaries
- Good Clinical Practice (GCP)

All applicants must upload a Good Clinical Practice (GCP) Certificate dated within the last three years. Please upload the certificate itself, not a screenshot.

To ensure your application is not rejected, please use the templates provided on the [AHCS website](#). The AHCS can accept electronic and wet ink signatures on your documents.

If your documents show different names, you must provide proof of name changes, such a marriage certificate or deed poll. For example, if your qualification certificate shows your maiden name but your application uses your married name, you will need to upload your marriage certificate.

You need to provide proof for all previous name changes. If you have multiple documents to prove your name has changed, please give each uploaded file a clear title (e.g. 'marriage certificate 1', 'marriage certificate 2' or 'deed poll name change').

This is where you upload the portfolio documents to support your application for registration.

To upload files, you can either:

1. **Drag and drop** files from your file explorer directly into the application
2. **Click 'browse files'**. A pop-up bar will appear, allowing you to attach files

After uploading, give each document a description and select its type from the dropdown field

Once all required documents are uploaded, click 'Complete' at the top of the screen. This will mark the section as completed

## Good character & health section

The AHCS checks the health and character of all applicants, as required by the PSA. This section contains the following nine mandatory questions:

1. *Do you have an unspent conviction or a caution in the UK for a criminal offence, or a conviction elsewhere for an offence which, if committed in England or Wales, would constitute a criminal offence?*
2. *Are you currently subject to a binding over order given by the Crown Prosecution Service in England and Wales?*
3. *Have you:*
  - 1) *Been dismissed with an admonition or discharged under sections 246(1-3) of the Criminal Procedure (Scotland) Act 1995, or*
  - 2) *Accepted a conditional offer under section 302 of that Act, or*
  - 3) *Accepted a Compensation offer under Section 302A of that Act and/or Section 50 of the Criminal Proceedings etc (Reform) Scotland Act 2007?*
4. *Have you agreed to pay a penalty under the Welfare Reform Act 2012 as an alternative to prosecution?*
5. *Have you ever been found Fundamentally Dishonest under Civil Procedure Rule (CPR) 44.16 or Section 57(2) of the Criminal Justice and Courts Act 2015?*
6. *Have you ever been barred from working with children or adults under the Safeguarding Vulnerable Groups Act 2006 or Protection of Vulnerable Groups (Scotland) Act 2007?*

7. Have you ever been disciplined by a health or social care regulatory body or a health and social care voluntary registration body?
8. Do you have any physical or mental health condition that would impair your fitness to practice as a clinical research practitioner?
9. Have you ever been involved in harassment, victimisation, bullying or other instances of misconduct?

If you answer 'yes' to any of the questions, you must provide further information about any matters that may affect your application. The information provided will be held in strictest confidence.

Read the declarations carefully and click 'ACCEPT' if you agree

This will mark the section as completed

**Success**

You may now edit this stage again.

**PREVIOUS**

**COMPLETE**

**NEXT**

**Don't forget**  
Don't forget to complete as you finish each section

### Good Character & Health

We must check the health and character of everyone who applies to join the Experienced Practitioner Gateway. This is to ensure that applicants will be able to practise safely. Please consider the statements outlined below and give your answers truthfully.

If you answer 'yes' to any of these statements, please use the space provided to give further detail. Please note that answering 'yes' may mean that you are unable to have a successful application. Your application will be reviewed by the Registrar who may respond by either accepting your application, refusing your application or defer pending further investigation.

**If you select YES to any questions, please give further information in the comments box below.**

Do you have an unspent conviction or a caution in the UK for a criminal offence, or a conviction elsewhere for an offence which, if committed in England or Wales, would constitute a criminal offence?	YES	NO
Are you currently subject to a binding over order given by the Crown Prosecution Service in England and Wales?	YES	NO
Have you: 1) Been dismissed with an admonition or discharged under sections 246(1-3) of the Criminal Procedure (Scotland) Act 1995, or 2) Accepted a conditional offer under section 302 of that Act, or 3) Accepted a Compensation offer under Section 302A of that Act and/or Section 50 of the Criminal Proceedings etc (Reform) Scotland Act 2007?	YES	NO
Have you agreed to pay a penalty under the Welfare Reform Act 2012 as an alternative to prosecution?	YES	NO
Have you ever been found Fundamentally Dishonest under Civil Procedure Rule (CPR) 44.16 or Section 57(2) of the Criminal Justice and Courts Act 2015?	YES	NO
Have you ever been barred from working with children or adults under the Safeguarding Vulnerable Groups Act 2006 or Protection of Vulnerable Groups (Scotland) Act 2007?	YES	NO
Have you ever been disciplined by a health or social care regulatory body or a health and social care voluntary registration body?	YES	NO
Do you have any physical or mental health condition that would impair your fitness to practice as a clinical research practitioner?	YES	NO
Have you ever been involved in harassment, victimisation, bullying or other instances of misconduct?	YES	NO

If you have answered 'Yes' to any of the questions above, please detail any matters which may affect your application. The information provided will be held in strictest confidence.

Please enter here...

**COMPLETE**

**SAVE FOR LATER**

## Declarations section

To apply to the Register, you must agree to the following declarations:

**I declare that:**

- I understand and will comply with the standards expected of me;
- I am capable of meeting the standards set out in [Good Clinical Practise](#);
- I will undertake Continuing Professional Development to keep my practise up-to-date, safe and effective;

- *I will maintain an up-to-date record, together with supporting documents or other evidence of the Continuing Professional Development I have undertaken and understand that I may be required to submit this information within 21 days, on request by the Registrar, and provide any other evidence as may reasonably be required;*
- *I consent to the Academy for Healthcare Science using the data I have provided to process my application and to contact me;*
- *I understand that my anonymised data may be used for the purpose of analysing and monitoring the Healthcare Science workforce;*
- *I will inform the Academy for Healthcare Science of any change to the information I have provided within four weeks of the change, including, but not limited to, changes in name, home address, email address, employer and those related to my good character and health self-declaration;*
- *I consent to the Academy for Healthcare Science contacting any person or organisation to gather further information related to my application or to confirm the information that I have provided;*
- *I consent to my Register Identification Number, Name, Specialty and Employer's Town/City Location being included in the published version of the register, except where the Registrar has specifically agreed otherwise;*
- *I understand that the Registrar may enter on the register any other information which is material to my registration and which the Registrar deems necessary to protect the public, and notify my employer;*
- *I confirm that the information I have provided is true and accurate and understand that if I have made a false declaration or provided any false information or documents in support of my application, the Academy for Healthcare Science will reject my application and may refer the matter to my employer, a professional body, a regulator, an awarding body or the police;*
- *I understand that should my registration lapse or be cancelled, the information I have provided will be retained securely and confidentially by the Academy for Healthcare Science for a period of seven years as a means of safeguarding patients and the public;*
- *I confirm that I am covered by professional indemnity insurance, either by my employer's scheme or other appropriate insurance.*
- *I am aware of the requirements for Career Breaks and Return to Practice where appropriate.*




Read the declarations carefully and click 'I ACCEPT' if you agree

This will mark the section as completed

PREVIOUS

NEXT

## Declarations

Please read carefully and Accept the Declaration 

This declaration contains important information.

I declare that:

- I understand and will comply with the standards expected of me;
- I am capable of meeting the standards set out in [Good Clinical Practice](#);
- I will undertake Continuing Professional Development to keep my practise up-to-date, safe and effective;
- I will maintain an up-to-date record, together with supporting documents or other evidence of the Continuing Professional Development I have undertaken and understand that I may be required to submit this information within 21 days, on request by the Registrar, and provide any other evidence as may reasonably be required;
- I consent to the Academy for Healthcare Science using the data I have provided to process my application and to contact me;
- I understand that my anonymised data may be used for the purpose of analysing and monitoring the Healthcare Science workforce;
- I will inform the Academy for Healthcare Science of any change to the information I have provided within four weeks of the change, including, but not limited to, changes in name, home address, email address, employer and those related to my good character and health self-declaration;
- I consent to the Academy for Healthcare Science contacting any person or organisation to gather further information related to my application or to confirm the information that I have provided;
- I consent to my Register Identification Number, Name, Specialty and Employer's Town/City Location being included in the published version of the register, except where the Registrar has specifically agreed otherwise;
- I understand that the Registrar may enter on the register any other information which is material to my registration and which the Registrar deems necessary to protect the public, and notify my employer;
- I confirm that the information I have provided is true and accurate and understand that if I have made a false declaration or provided any false information or documents in support of my application the Academy for Healthcare Science will reject my application and may refer the matter to my

I ACCEPT

## Payment section

You must pay a fee to submit your application. Information about the AHCS's fees is available on the [AHCS website](#).

Payment can be made by direct debit, debit card or credit card.

A non-refundable payment is taken when your application is submitted to the AHCS.

Click either the 'PAY BY DIRECT DEBIT' or 'PAY BY DEBIT/CREDIT CARD' button, depending on your preferred payment method

PREVIOUS

NEXT

## Payment

Clinical Research Practitioner Register application


Before you make your application to the Clinical Research Practitioner Register, you must first set up a direct debit facility so that the appropriate fees can be paid. Please ensure you understand the terms and conditions before completing your application.


On application for admission to the Clinical Research Practitioner Register you will be charged a non-refundable fee of £50.

You will receive confirmation of your payment or a communication detailing the reasons for any payment failure.

The renewal of your inclusion on the Clinical Research Practitioner Register will be due on the annual anniversary of the date you are first accepted. You will receive a notification from the Registrar 60 days before your renewal is due including information about the renewal fee and how to make your renewal application.

If you do not complete your renewal application and pay the renewal fee within 30 days of your renewal date, your registration will be made inactive and your details will be removed from the public Clinical Research Practitioner Register.


 PAY BY DIRECT DEBIT

 PAY BY DEBIT/CREDIT CARD

This takes you to a payment page based on the type of payment you selected

If you choose to pay by Direct Debit, you will be asked to complete your payment information, then click on the 'PAY' button


If you choose to pay by Debit or Credit Card, you will be asked for your card details when you submit your application



**Set up a Direct Debit with Academy for Healthcare Science**

**Direct Debit for Clinical Research Practitioner Register**

Your Direct Debit will be set up now. We'll confirm the amount and let you know before future payments are taken.

 Pay with **£** **GBP** ▼

Country of residence

United Kingdom ▼

**Your personal details**

First name

Last name

Enter your first name

Enter your last name

[or click here to use a company name](#)

Email address

We'll only use this to keep you updated about your payment

Enter your email address

Billing address line 1

Enter your billing address line 1

Billing address line 2 (optional)

Town or City

Postcode

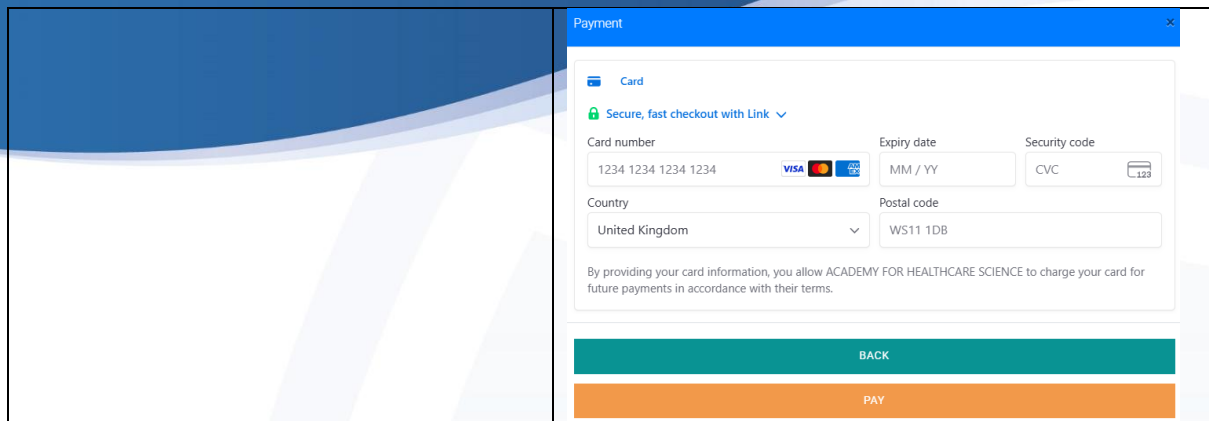
Enter your town or city

Enter your postcode

[Click here to find another address](#)

Continue →





Payment

Card

Secure, fast checkout with Link

Card number: 1234 1234 1234 1234

Expiry date: MM / YY

Security code: CVC

Country: United Kingdom

Postal code: WS11 1DB

By providing your card information, you allow ACADEMY FOR HEALTHCARE SCIENCE to charge your card for future payments in accordance with their terms.

BACK

PAY

## Monitoring information section

The Academy for Healthcare Science is committed to being an inclusive and accessible organisation and to meeting its obligations to avoid discrimination under all relevant legislation. This section includes optional questions about the following:

- Gender
- Marital status
- Ethnic origin
- Sexual orientation
- Religion or belief
- Disability
- Any additional information you want to provide about your protected characteristics or whether you need any specific support

Each question has an option to not disclose the information requested.

Any information you provide will be managed in the strictest confidence according to the [AHCS Privacy Policy](#) and will not be used to assess your application.

Select the relevant answer to each question from the drop-down list

Click 'COMPLETE' to mark the section as completed

You may now edit this stage again.

**Don't forget**  
Click 'Complete' as you finish each section.

**PREVIOUS** **COMPLETE** **NEXT**

### Monitoring Information

The Academy for Healthcare Science is committed to being an inclusive and accessible organisation and to meeting its obligations to avoid discrimination under all relevant legislation.

The Equality Act 2010 is applicable in the United Kingdom except for Northern Ireland where the Disability Discrimination Acts 1995 and 2005 continue to apply. These Acts protect people from discrimination in the workplace and in wider society, including in respect of the following characteristics:

- age
- disability - including those with long-term health conditions, learning disabilities and hidden disabilities such as dyslexia
- gender reassignment
- pregnancy and maternity
- race, including ethnic or national origins, colour or nationality
- religion or belief, including a lack of any belief
- sex
- sexual orientation

The Equality Act 2010 also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

Please consider the following questions, which you are not obliged to answer.

Any information you provide will be managed in the strictest confidence according to the AHCS Privacy Policy and will not be used as part of your application assessment.

Your information will not be shared but may be pseudonymised in aggregated analyses of applications to the Academy. It will help us to ensure fairness and equity when managing the various procedures we use to regulate registrants and when we communicate with you.

**Please indicate your gender:**

**Please indicate the option which best describes your marital status:**

**Please indicate your ethnic origin:**

**Please indicate the option which best describes your sexual orientation:**

**Please indicate your religion or belief:**

**Do you consider yourself to have a disability?**

We can make reasonable adjustments to ensure fairness and equity for our registrants. Please use the following box if you wish to add any additional information regarding the protected characteristics or whether you require any specific support.

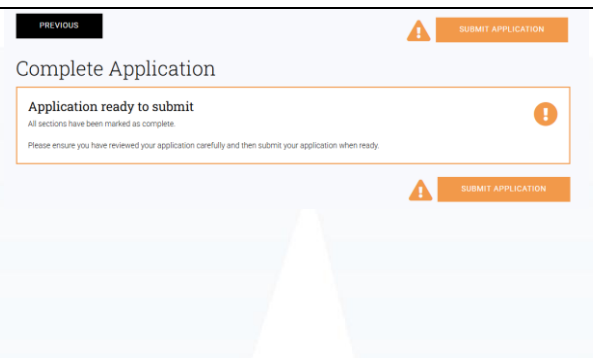
**COMPLETE** **SAVE FOR LATER**

## Complete application section

The last section of the application is where you submit your application for an administrator review

Click the 'SUBMIT APPLICATION' button to submit your application

If you chose to pay the fee by credit or debit card, you will be asked to complete your card details at this point



The screenshot shows the 'Complete Application' section of the AHCS application form. At the top left is a 'PREVIOUS' button. At the top right is an orange 'SUBMIT APPLICATION' button with a warning icon. Below this is a box titled 'Complete Application' containing the text 'Application ready to submit' and 'All sections have been marked as complete'. Below this box is a smaller orange 'SUBMIT APPLICATION' button with a warning icon. A note at the bottom of the box says 'Please ensure you have reviewed your application carefully and then submit your application when ready.'

When it has been submitted, you can't edit your application online. If you need to make changes, email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk) with the updated information as soon as possible.

## Application is checked by the AHCS's Administration team

On receipt of your application, the AHCS CRP Administration team will process your registration fee and check the following:

1. You have the required length of experience of working at the practitioner level of the [Skills for Health Career Framework](#);
2. The reflections forms and the CRP Registration Documented Assurance and Line Manager Confirmation form have been completed correctly; and
3. The supporting documentation required has been uploaded.

If your application is rejected because you have insufficient experience, the AHCS will let you know when you can reapply.

If the application is incomplete, the AHCS may request further information. You should resubmit your application **within 28 days** of this request. If you need more time, please email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)

## Verification

A percentage of applications will be verified by an AHCS PSA Accredited Register for CRPs verifier. This verification process ensures that the evidence submitted by applicants meets quality standards, maintaining consistency and fairness.

If your application is selected for verification, it will be sent for assessment to a verifier. The verifier has 28 days to complete the verification form. In busy periods this can take up to six weeks. You will be notified by email if this is the case.

Once a decision has been made about your application, you will be notified of the outcome by the AHCS.

The AHCS may request further information from you and/or your line manager. 28 days is usually allowed to provide this information. In some cases, the verifier may suggest a longer time scale and give additional guidance about your application. If you need more time than you are given, please email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk)

## Requests for further information

If you are asked to provide further information:

- Make any updates to your eligibility form in red font to clearly show the new information;
- Ask your line manager to check the updates;
- You and your line manager must re-date the declaration boxes in the CRP Registration Documented Assurance and Line Manager Confirmation document; and
- Remove all old versions of updated documents. Only the most up-to-date documents should be uploaded with your updated application.

## Application renewal (for Registered CRPs)

Registered CRPs must complete an annual declaration process and pay a fee to remain on the Register. Information about the AHCS's fees is available on the [AHCS website](#).

You will receive a notification when your application is due for renewal.

The following sections of the Clinical Research Practitioner Portal will be open and editable at renewal:

- **Guidance** – Read the guidance carefully and click 'I ACCEPT' if you still agree to it
- **Employer Details** – Update your employer information if needed, then click 'COMPLETE'
- **Good Character & Health** - Answer all nine questions. If necessary, use the box provided for additional information, then click 'COMPLETE'
- **Declaration** - Read the declarations carefully, then click 'I ACCEPT' if you still agree to them
- **Payment** - The renewal fee is non-refundable and must be paid to remain on the Register
- **Complete Application** – This is where you submit your renewal application to be kept on the Register for another 12 months

For more information about lapsed registration, please visit the ['Readmittance to the Register following Lapsed or Non-renewal of Registration'](#).

**If you need to make any changes to your profile, please email [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk) with your AHCS PSA Accredited Register for CRPs ID number and details of the information that has changed.**

***If you need to make any changes to your profile, please email 'crpadmin@ahcs.ac.uk' with the information that has changed.***

Since you initially made the application, you will need to type in your current employer details.

## Keeping your personal details up to date

When you have been added to the Register, it is important to keep your personal details up to date so the AHCS can contact you. Email any changes to [crpadmin@ahcs.ac.uk](mailto:crpadmin@ahcs.ac.uk) with your AHCS PSA

Accredited Register for CRPs ID number. This includes updates to:

- Your email address
- Your residential address
- Employment changes
- Change of name
- Any other relevant information, such as your setting or speciality