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

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## Introduction

This guidance is for Clinical Research Practitioners (CRPs) who are eligible to join the Academy for Healthcare Science (AHCS) Accredited Register. This document is a walkthrough of how to make an application for the CRP Register.

CRPs are members of the research delivery workforce, working in clinical environments and other health and social care settings. CRP registration is for those working at practitioner level. The Skills for Health Career Framework outlines indicative skills and responsibility held by practitioners. It is the **level** that a register applicant is working at, rather than the job tittle or Agenda for Change band that determines their eligibility to join the register.

The Register is therefore intended for experienced CRPs who have developed their skills and knowledge over time. This would not normally be in the first year of working at practitioner level, as you need to consolidate experience and knowledge even if you have previously been working in a support level research delivery role. In addition to demonstrating your experience the Register is currently limited to CRPs who have a degree or equivalent. A pathway for experienced CRPs who do not hold a degree is in development.

By joining the voluntary register CRPs are making an active choice to take part in the developing CRP professional community.

Level 6 qualifications are:

- Degree apprenticeship
- Degree with honors for example bachelor of the arts (BA) hons, Bachelor of Science (BSc) honors.
- Graduate certificate
- Graduate diploma
- Level 6 award
- Level 6 certificate
- Level 6 diploma
- Level 6 NVQ
- Ordinary degree without honors.

Furthermore, getting prior approval from your current line manager to support this process is crucial as you will need the support of your line manager for the application process. You will also need the input of a colleague who is part of a statutory register. In many cases this can be your line manager.

However, if your line manager is not part of a statutory register you will need to identify a colleague who can support you having the development conversation.

## What is a Clinical Research Practitioner?

Clinical Research Practitioners (CRPs) are a vital part of the research workforce. They work in the United Kingdom within research delivery roles that have a patient/participant facing element within clinical environments and other health and social care settings. These roles include Clinical Studies Officer, Research Practitioner, Clinical Trials Practitioner, Clinical Trials Officer, among others. CRPs are not required to be part of a statutory professional register in order to perform their role.

The Register is therefore intended for experienced CRPs who have developed their skills and knowledge over time. By joining the voluntary register CRPs are making an active choice to take part in the developing CRP professional community.

Accredited registers are an established part of the UK regulatory landscape. The CRP Register will help to protect patients and individuals participating in clinical research by contributing to maintenance of high standards. If registrants fail to uphold the required standards, or show they are not fit to practice, their circumstances will be reviewed, and they may have their registration status removed.

## Outline of the application process

Before making an application for the Accredited register, you need to have joined the CRP Directory.

CRP Directory Process:

- 1. Apply to join the Directory through an application process.
- 2. Application is assessed by CRP admin team.
- 3. CRP is on the Directory.

#### CRP Register Process:

- 1. Apply to join the register through an application process.
- 2. Application is assessed by CRP admin team.
- 3. Application may be assessed by an external verifier.
- 4. Outcome given and CRP is on the Register.

The length of time the application takes to put together will depend on your individual circumstances. You are advised to connect with CRPs in your area who have made an application and seek guidance and support from your colleagues.

If you start your application and don't progress, after 6 months of not signing into your account, you will be contacted three times:

- After 6 months: First Reminder.
- After 7 months: Second Reminder.
- After 8 months (your account will be deleted): Third email to say your application has been removed If your account is removed, you can start a new application.

## Annual fee payment & eligibility

Once an application has been made to the CRP register, and the application has been approved by the CRP Administration team, a fee of £30 will be taken for an initial payment. These payments are no refundable. There is then an annual declaration process and a fee payment of £30 to continue to be on the register.

As stated above, you will need to have joined the CRP Directory before you can make an application to the register. The CRP Directory serves as a pre-registration space and will provide access to information that is intended to help connect and serve the growing community of CRPs.

The accredited register is only open to CRPs who have a degree or equivalent. An equivalence pathway for those with appropriate practice experience but without a degree will be available in due course.

## Preparation for applying

Preparation of your application to register as a CRP brings an opportunity for discussion and sharing of your learning with your colleagues that will support a broader understanding of the CRP contribution to research delivery, both locally and nationally.

Furthermore, getting prior approval from your current line manager to support this process is crucial and could speed the registration process as you will need the support of your line manager for the application process.

The register will contribute to the development of CRPs as a profession, enabling the infrastructure that is necessary for connecting your community of practice, sharing evidence-based tools and responding to the changing demands emerging in the research delivery landscape in health and social care.

You can complete the application in any order that you choose.

Once you have filled in a section of the application, you can click 'complete' to turn the section green. You need all sections to be green before you can submit your application for approval.

If you want to go back to a section once it has been 'completed' you just need to press 'uncomplete'.

Please note, once you have submitted your application, you can no longer edit any parts of it, if you do need to edit a section, please email 'crpadmin@ahcs.ac.uk' as soon as possible for the changes to be implemented.



Section One: Perso	onal Details	5		🛛 🔽 Pe	rsonal Details	
Application Actions						NEXT
1 Overview	Personal Detai	ls 🕕				
Personal Details	Please provide the following personal d	etails required for your application. Some	details have been pre-filled from your profile			
Guidance	About you					
× Professional Identity	About you					
Employer Details	Salutation	First Name		Last Name		
Education and Training	Personal Email Address			Work Email Address (Ontional)		
Portfolio				Work Email Address		
Scood Character & Health	We recommend using a personal email address;	if you want to swap your email addresses, go to the	e core profile page			
× Declarations	Date of Birth		Nationality		Have you been known by another	name?
× Payment					×	*
Monitoring information	Select your Specialism			Telephone Number (+44 format)		
	Please select		~	Telephone Number		
X Complete Application	Select your care setting:		1			
	Please select		~			
						Wrong Address?
						No problem. Click Edit Profile to update your details.
	Home Address					
	Address Line 1		Address Line 2		Address Line 3	
			Address Line 2		Address Line 3	
	Town / City		County / Region		Country	
					~	*
	Postcode / Zip					

You must complete the Personal Details section first before moving onto other sections You will need to provide the following information:

About You:

- Salutation\* (Drop Down Menu)
- First Name \*
- Last Name \*
- Personal Email Address \*
- Work Email Address \*
- Date of Birth \*
- Nationality \* (Drop Down Menu)
- Have you been known by another name? \* (Drop Down Menu)
- Another drop down box will appear underneath To write your previous surname.
- Select your Specialism \* (Drop Down Menu)
- Telephone Number (+44 format) \*
- Select your care setting \* (Drop Down Menu)

#### Home Address:

Address Line 1 \*

Guidance for Applicants



- Address Line 2
- Address Line 3
- Town / City \*
- County / Region \* (Drop Down Menu)
- Country \* (Drop Down Menu)
- Postcode / Zip

#### If an asterisk \* is displaced by the section above, this means it is mandatory to provide this information.

When you start your application to join the CRP Register, your personal details will not be transferred over from the Directory application to the Registration application. You will have to fill in all your details again.

Please fill out this page, then once this information has been filled out, you can click 'complete' then the section will turn green.

## Once your application has been completed and you are on the register, your account will be locked, if you need to change any personal details and or place of work, you will need to email 'crpadmin@ahcs.ac.uk' with the change request.

You need to keep your personal details up to date, you can do this by contacting us with the email above. Please contact us if:

Your address changes.

- Employment changes.
- Change of name.
- Anything else.

#### **Previous Name**

Any previous names you have resided by, please state below (see screenshot). If you have been known by more than one previous name (maiden name etc), these needs to be included too.

You will need to upload a proof of name change (IE: Marriage Certificate, Deed Poll, Divorce) into the 'portfolio' section of your application. In the case where you have been known by multiple names, please state this on the title of the file.

We ask for a proof of name if the documents that you upload are in different names. An example of this is your undergraduate degree being in your maiden name and a MSc being in your material name, a marriage certificate is required.



Yes	~



## Section Two: Guidance



In the 'guidance' section, you are presented with information regarding completing your application. You will need to read the information and if you agree with the information that has been presented, you will need to click on 'complete' in order to move onto the next stage.

itus	Paid (direct-debit)	Public	Read Only	Alternative ID	Renewal
ogress	ND	NO	No	N/A	
Application Actions	PR	EVIOUS			NEX
Overview	Gui	dance O			
Personal Details	Guid				
	Plea	ase read carefully and confirm	n you have read the guidance.		
Professional Identity	This do	ocument contains important information regarding	your application.		
Employer Details	Genera	I information on completing your application			
Education and Training	Please	read this guidance before completing your applicati	on and confirm you have read it by clicking the button at the	e end of the page.	
Portfolio	The not	tes are intended to help you understand and comple	te your application to the Clinical Research Practitioner Reg	plater. However, if there is something you do not understand,	please contact us by emailing crpadmin@ahcs.ac.uk.
Good Character & Health	Accept	ance 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
Declarations	Further	dge to practise your profession safely and effectivel details can be found on the AHCS website.	у.		
Payment	Incomp	lete or incorrect applications			
Monitoring Information	Your ap email a	plication can only be assessed based on the inform nd may be asked for further information. Please en	ation you provide. Every application is checked by a member sure you resubmit your completed application as quickly as	er of the Administration team to ensure the information you possible.	have provided is complete, otherwise you will be notified by
Complete Application	Succes	sful applications			
	For app	lications to join the register, once administrative ch	ecks have been completed on your application and your fee	payment has cleared, we will:	
	- 3	Submit your application for the required verification i	process; and.		

## Section Three: Professional Identity

This section is optional, you can leave this blank and move onto the next if you haven't got a professional membership or are a member of any professional register, in either the United Kingdom or overseas.

Once this section has been completed, you will need to press 'complete', and the section will turn green.

You can add more than one membership or registration, there is no limit to how many you can add.

Application Actions	PREVIOUS			NEXT
Overview	Professional Identity			
Personal Details	Please provide details of any professional membership or registration in either the	UK or overseas. If you do not have any ple	ase leave blank and click Complete.	
Guidance				Not sure? Not a problem. Email creadmin@ahos as uk for more
Professional Identity				information.
Employer Details	Membership #1			
Education and Training	Organisation Name		Membership / Registration Number	
Pertfolio	Urganisation Name		Hegistration Number	
Good Character & Health	Select start date	YES NO		
Declarations				
Payment		ADD ANOTHER MEMBER	SHIP OR REGISTRATION	
Monitoring Information				
Complete Application				



Section	Four:	Emp	loyer	Details
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Employer Details 🕕				
Please provide details of your current employment.				Great – you're halfway to completing your application!
Employer 1		Employer Name		
Job Title		Employer Name		
Department		Phone Number (+44 format)		
Department		Phone Number		
Address Line 1	Address Line 2		Address Line 3	
Address Line 1	Address Line 2		Address Line 3	
Town	County / Region		Country	
Town	Please pick a country first		Please select	~
Postcode				
Postcode				
Start Date	Current Employer			
Select start date	YES NO			

The employer details section is where you input your current employment details.

You will need to input:

- Job Title \*
- Employer Name \*
- Department \*
- Phone Number (+44 format) \*
- Address Line 1 \*
- Address Line 2 \*
- Address Line 3 \*
- Town \*
- County / Region \*
- Country \*
- Postcode \*
- Start Date \*
- Current Employer \*

You can put as many previous employments as you want however, for the application, we only require you to put your current Clinical Research Practitioner role.

Once this section is completed, you can press 'complete', and the section will turn green.



## Section Five: Education and Training



The education and training section is where you put your education details, including

• Good Clinical Practice (GCP) training record needs to be uploaded with a certificate - mandatory to upload.

## The GCP needs to be completed within the last three years. If this is dated over the 3 years, you will need to demonstrate that you are up to date with GCP.

Undergraduate degree details (Scanned copy of your certificate needs to be uploaded) – mandatory to upload.

## If your degree qualification was awarded by a non-UK institution, a copy of the 'UK ENIC' certificate (Previously named 'NARIC') needs to be uploaded into your application. This file can either be uploaded into the 'education and qualifications' section or the 'portfolio section'.

• Any additional relevant qualifications such as your MSc (This is optional toupload).

When inputting the qualification's, you need to put the following details:

- Qualification Name \*
- Start Date \*
- End Date \*
- Institution Name \*
- Town / City \*
- Country \*

#### Education and Training 🕕

Please provide details of:

1. A 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 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 NARIC certificate indicating comparability with UK standards

You can add more than one qualification if appropriate.

2. Your current training in Good Clinical Practice (GCP) (Transcelerate accredited) please upload a scanned copy of your certificate

NB. Please do not upload evidence of your statutory and mandatory training record as this is covered in the next section (portfolio).

Qualification Name       End Date         mm       yyyy         institution Name       Please upload your certificate         Institution Name       Please upload your certificate         Institution Name       Drag and Drop Files Here to Upload         Country       or Browse Files         Please select       v	Qualification #1 Qualification			
Start Date Imm v yyy v Institution Name Institution Name Institution Name Town / City Town / City Country Please select ADD ANOTHER QUI / ICATION	Qualification Name			
mm     yyyy       institution Name       Institution Name       Institution Name       Town / Oity       Town / Oity       Town / Oity       Drag and Drop Files Here to Upload or Browse Files	Start Date	End Date		
Institution Name Institution Name Town / City Town/City Country Please select	mm 🗸 yyyy 🗸	mm 🗸	уууу 🗸	
Institution Name Town / City Town / City Country Please select  ADD ANOTHER QUI ATCATION	Institution Name	Please upload	your certificate	
Town / City Town / City Town / City Country Please select ADD ANOTHER QU <sup>4</sup> - ACATION	Institution Name			
Town/City Country Please select ADD ANOTHER QUE APOAND	Town / City			
Country  Plesse select  ADD ANOTHER QUI PLEATION	Town/City		Drag and Drop Files Here to	Upload
Please select	Country		or Browse Files	
ADD ANOTHER QUI FICATION	Please select	~		
ADD ANOTHER QU* #TCATION			-	
		ADD ANOTHER QUALIFICATION	12 · · · · ·	

To upload files, you can either:



- 1. Drag and drop the files that you want to upload.
- 2. Press 'browse files', then a pop-up bar will appear, and you can attach the file.

Once you have attached the file, press 'Open'.



You can only upload one file within the 'upload file section', you cannot upload multiple files.

Again, once this section is complete, you can press 'complete', and the section will turn green.

## Section Six: Portfolio

Section Six: Portfolio			Portfolio
PREVIOUS	NEXT	<u> </u>	
Portfolio () Please download and complete the following templates, which you should submit with your application to register using the box below. Confirmation of application Documented Assurance of Practice Development Reflective Account 1.1 Professional Accountability Reflective Account 1.2 Leadership Place of the account 1.2 Leadership			
Reflective Account 1.3 Working across Boundaries Documents can be uploaded in PDF, Word or JPEG format but if you need any help, please email orpadmin@ahcs.ac.uk Upper account is a second or the sec	Not sure what documents you need? A list of required documents is shown at the top of this section.		
or Browse Files			

The portfolio section is where you outline:

- Your role and experience, •
- Provide a reflective account of your professional accountability, •
- Leadership skills.
- Working across boundaries.

Within this section, you need to fill out five templates and upload them - you can upload the templates as PDF.

You will need to fill out and upload the following documents:



- 1. Confirmation of application and assurance of practice development,
- 2. Professional Accountability,
- 3. Leadership,
- 4. Working across boundaries.

#### Confirmation of application and assurance of practice development

The document combines the confirmation of your application with information about and assurance about your practice.

Confirmation of application is where you outline your employment details such as your job title, when you started your current role and how long you have been working in research.

The information in this document needs to be confirmed by your employer; this is usually completed by your current line manager. Your employer details such as their: name, job title, contact number and other fields need completion. At the end of the document, there are several fields that needs to be ticked and signed and signed with a date and the contact details of the person who is confirming the information

Failure to have confirmation by your current line manager will result in your application resulting in Outcome 2.

The assurance of practice development part of the template is where you outline two examples from the last 12 months where you have demonstrated an effective communicate style which has been observed by a colleague or a patient or volunteer Please don't include any information that may contain any patient identifies. Please refer to CRP Standards of Proficiency 4, 5 and 12 to guide you in completing this section.

Within the document, you will need to outline your:

- Workplace setting,
- Practice hours and experience,
- Knowledge & skills.

The last section is where you provide two examples of feedback that you have received. Furthermore, you outline what the feedback is about and how it influenced your practice. The aim of the assurance of practice development section is to promote developmental conversations and feedback between you and your manager and colleagues.

#### The document needs to be signed by an individual who is on a statutory register. It is acceptable to involve both your current line manager and an additional colleague in gaining sign off. This will be the case if your line manager is not part of a statutory register.

Failure to have the developmental conversation with an individual on a Statutory Register will result in your application resulting in Outcome 2.

#### **Professional Accountability**

This document requires you to provide a reflective statement and shouldn't be more than 2 sides of A4. There are 3 sections within the document that requires you to outline:

- Demonstrating an understanding of what's inside and outside of your individual scope of practice.
- Describe a challenging situation and outline what you learnt about your own professional accountability.

• Select one or more of the Clinical Research Practitioner Standards of Proficiency and reflect on your Guidance for Applicants Version 5 15



professional accountability.

#### Leadership

This document requires you to provide a reflective account regarding your leadership. There are 4 sections such as:

- The nature of your leadership activities in advocacy for research and the Clinical Research Practitioner profession.
- What have you learnt from the activity regarding your leadership capabilities and any feedback you have received.
- How you have continued to improve your practice as a result of this learning.
- Select one or more themes from the Clinical Research Practitioner Standards of Proficiency and reflect upon your learning.

#### Working across boundaries

This document requires you to provide a reflective account in regard to you working across boundaries. There are three sections including:

- Providing two examples of how you have approached addressing permissions or gain access in relation to working across professional boundaries.
- Describe a challenging situation that has developed your understanding of your professional boundaries.
- Select one or more themes from the Clinical Research Practitioner Standards of Proficiency and reflect on your working across boundaries in practice.

#### If you need any assistance with uploading the documents, please email 'crpadmin@ahcs.ac.uk'.

To upload files, you can either:

- 1. Drag and drop the files that you want to upload.
- 2. Press 'browse files', then a pop-up bar will appear, and you can attach the file.

Once you have attached the file, press 'Open'.



When you have completed this section, please press 'complete' on the bottom of the

page. Then the 'portfolio' section will be marked complete and thus, turn green.

#### Section Seven: Good Character & Health





#### Good Character & Health 🕕

We must check the health and character of everyone who applies to join our register. 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 register with us. Your application will be reviewed by the Registrar who may respond by either accepting your application, refusing your application or defer pending further		If you select YES to any questions, please give further information in the comments box below.		
Investigatori. Do you have an unspent conviction or a caution in the UK for a criminal offence, or a conviction elsewhere for in England or Wales, would constitute a criminal offence?	or an offence which, if committed	YES	NO	
Are you currently subject to a binding over order given by the Crown Prosecution Service in England and Wa	les?	YES	NO	
Have you: 1) Been dismissed with an admonition or discharged under sections 246(1-3) of the Criminal Procedure (Sc 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 Procees 2007?	otland) Act 1995, or dings etc (Reform) Scotland Act	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 Courts Act 2015?	e) of the Criminal Justice and	YES	NO	
Have you ever been barred from working with children or adults under the Safeguarding Vulnerable Groups / Vulnerable Groups (Scotland) Act 2007?	Act 2006 or Protection of	YES	NO	
Have you ever been disciplined by a health or social care regulatory body or a health and social care volunta	ry registration body?	YES	NO	
Do you have any physical or mental health condition that would impair your fitness to practise as a clinical n	esearch practitioner?	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			

The Academy for Healthcare Science checks the health and character of everyone who applies to join the register in line with the requirements of the PSA. There are 9 questions within the section that needs to be completed, this is mandatory information that needs to be completed.

When you have completed this section, please press 'complete' on the bottom of the page. Then the 'good character and health' section will be marked complete and thus, turn green.

#### Section Eight: Declaration



The declaration page outlines the Academy's declaration, this needs to be signed before submitting your application for admin review and assessment.

Declarations Read & Confirmed	
This declaration contains important information.	· · · · · · · · · · · · · · · · · · ·
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 Pr	actise;
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 doc	uments or other evidence of the Continuing Professional Development I have undertaken and understand that I may be required to subm
this information within 21 days, on request by the Registrar, and p	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 purp	ose of analysing and monitoring the Healthcare Science workforce;
<ul> <li>I will inform the Academy for Healthcare Science of any change t address, employer and those related to my good character and h</li> </ul>	o the information I have provided within four weeks of the change, including, but not limited to, changes in name, home address, email ealth 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;
<ul> <li>I consent to my Register Identification Number, Name, Specialty a agreed otherwise;</li> </ul>	and Employer's Town/City Location being included in the published version of the register, except where the Registrar has specifically
I understand that the Registrar may enter on the register any othe	er information which is material to my registration and which the Registrar deems necessary to protect the public, and notify my employe
I confirm that the information I have provided is true and accurate	e 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 m	ay refer the matter to my employer, a professional body, a regulator, an awarding body or the police;
<ul> <li>I understand that should my registration lapse or be cancelled, th years as a means of safeguarding patients and the public;</li> </ul>	e Information I have provided will be retained securely and confidentially by the Academy for Healthcare Science for a period of seven
I confirm that I am covered by professional indemnity insurance.	either by my employer's scheme or other appropriate insurance.



Monitoring Information

Payment

## Section Nine: Payment

Once your application for the Clinical Research Practitioner Register is complete, you will reach the 'payment' section of the application, this is where you input your debit card details. A sum of £30 will be taken out of your account once your application has been approved by the CRP administer.

The payment is non-refundable and once you have set up the direct debit, you cannot be re- credited to your account.



## Section Ten: Monitoring Information

This section is optional and doesn't need to be answered however, this section is about equality

and asks a series of questions relating to:

- . Age
- Disability
- Gender .
- Race .
- Religion etc. .

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.

When you have completed this section, please press 'complete' on the bottom of the page. Then the 'portfolio' section will be marked complete and thus, turn green.

#### 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 legalisation.

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
- . ....
- 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 AHOS 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:	I do not wish to disclose	~
Please indicate the option which best describes your marital status:	I do not wish to disclose	~
Please indicate your ethnic origin:	I do not wish to disclose	~
Please indicate the option which best describes your sexual orientation:	I do not wish to disclose	~
Please indicate your religion or belief:	I do not wish to disclose	~
Do you consider yourself to have a disability?	I do not wish to disclose	~
Have you ever been involved in harassment, victimisation, bullying or other instances of misconduct?	I do not wish to disclose	~
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.		

## Section Eleven: Complete Application

Complete Application

In the last section of the application, this is where you submit your application for an administrator review.

If you have a disability, as defined under the Equality Act (2010) that you feel may affect your engagement in the application and assessment process, please contact the AHCS Administrators before submitting your application; crpadmin@ahcs.ac.uk . The Academy can then advise you on reasonable adjustments.

## Application is checked via administration team

Once your application has been submitted, the administration team will check your application to make sure every mandatory field is complete. On receipt of an application, AHCS will first perform administrative checks and process your registration fee.

If the application is incomplete, then the administration team will ask you to provide more information (Outcome 2: Further Information Required).

The sections of the application that requires more information will become 'incomplete' and turn red thus, you will get notified of the additional areas that needs to be changed. You will be given 28 days from that point to make the changes.

In some cases, the administration team may feel the applicant will need more experience before re-submitting their application so will provide a timeframe for when the applicant can seek to re-apply for the register.

## Verification

A percentage of applications will be verified by a member of the Academy's cohort of CRP register verifiers. This will ensure that the evidence submitted by the applicant falls within an acceptable range of variance to maintain quality standards that are consistent and fair.

In these cases, your application will be sent off for assessment to a verifier and the verifier will have 28 days from that date to fill out the verification form. If your application has been chosen to be verified, you will receive an email letting you know this and that we will be in touch with you once the assessor has reached an outcome. In some cases the verifier may request an informal

telephone call with you to clarify specific points in your application.

Once your application has been reviewed you will receive a notification of the outcome from the Academy. This could be a request to submit additional information within the defined timescale below (Outcome 2). When your application is successful you will be issued with a certificate and instructions on how you can use the PSA logo to confirm you are a member of an Accredited Register.

If you have to submit additional information, you will normally have 28 days from that date to make the changes to your application. In some cases the verifier may suggest a longer time scale before submission and give additional guidance to help applicants develop their application.

## **Application Renewal**

You have to renew your application every year. You will receive a notification letting you know that your application is due to renewal.

The following sections will be open and editable at renewal:

- Guidance
- Employer Details
- Good Character & Health
- Declaration
- Payment

There is an annual fee of £30 that needs to be paid.

Once paid, your application will be re-registered on the register for the year.

The full fee is non-refundable once you have renewed your application.

## If you need to make any changes to your profile, please email 'crpadmin@ahcs.ac.uk' with the required changes.

## Section One: Guidance

To renew your application for another year, you will need to read the guidance section again to ensure that you understand and comply with the guidance.

Once you have performed this action, press 'complete'.

## Section Two: Employer Details

The employer details section is re-opened at renewal to ensure that the Academy has a record of the most recent employment.

If you haven't moved employer's since you made the application to join the register, you can press 'complete' on this section. Although, if you have changed employer's since you initially made the application, you will need to type in your current employer details.







Portfolio



Declarations

#### Once you have completed this section, press 'complete.'

Application Actions	PREVIOUS		NEXT
Cverview			
Personal Details	Renewal Due		
Guidance	sa days ternaining, lo complete your renewar of hisk being renroved.		
Professional Identity	Employer Details 🕕		
Employer Details	Please provide details of your current employment.		Great - vou're
Education and Training			halfway
Portfolio	Employer 1		
Good Character & Health	Job Title	Employer Name	
Section Three	: Good Character & Health		Good Character & Healt

#### Section Three: Good Character & Health

This section was initially completed during registration although, please make sure your details are still up to date. Please make any alternatives that you need.

Again, once completed, please press 'complete' to close this section.

#### Section Four: Declaration

The declaration page outlines the Academy's declaration, this needs to be re-signed before renewing your application, this is to make sure that you still agree with the declarations.

Declarations Read & Confirmed				
his declaration contains important information.	<u> </u>			
eclare that:				
<ul> <li>I understand and will comply with the standards expected of me;</li> </ul>				
<ul> <li>I am capable of meeting the standards set out in Good Clinical Practise;</li> </ul>				
<ul> <li>I will undertake Continuing Professional Development to keep my practise up-to-date, safe and effective;</li> </ul>				
· I will maintain an up-to-date record, together with supporting documents or other evidence of the Continuing Professional Development I have	e 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;				
<ul> <li>I consent to the Academy for Healthcare Science using the data I have provided to process my application and to contact me;</li> </ul>				
<ul> <li>I understand that my anonymised data may be used for the purpose of analysing and monitoring the Healthcare Science workforce;</li> </ul>				
· 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 applicativ	on or to confirm the information that I have provided;			
<ul> <li>I consent to my Register Identification Number, Name, Specialty and Employer's Town/Oity Location being included in the published version agreed otherwise;</li> </ul>	of the register, except where the Registrar has specifically			
· I understand that the Registrar may enter on the register any other information which is material to my registration and which the Registrar of	leems 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	e 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 awa	rding 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;				
<ul> <li>I confirm that I am covered by professional indemnity insurance, either by my employer's scheme or other appropriate insurance.</li> </ul>				

## Section Five: Payment

Once your renewal application is complete, you will need to enter your payment details again. A sum of £30 will be taken out of your account once your application has been approved by the CRP administer.

The payment is non-refundable and once you have set up the direct debit, you cannot be re- credited to your account.



#### 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 £30.

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.



## **Complete Application**

In the last section of the application, this is where you submit renewal application to be kept on the Register for another 12 months.

For more information regarding accounts being lapsed, please visit the <u>'Readmittance to the Register following</u> Lapsed or Non-renewal of Registration'.