Application for restoration to the register

Nursing & Midwifery Council

Your details

Please give as much information as you can. Missing details may result in your application being delayed.

Please note that if you do not respond promptly to requests for information regarding this application, we may close your case and you would have to re-apply which would cause further delays.

Surname	
Forename(s)	
Maiden name (if applicable)	
Previous PIN (if known)	
Previous case ref (if known)	
Date removed from register	
Have you made a previous application for restoration? (if yes include a date)	☐ Yes ☐ No
Primary phone number	
Mobile phone number	
Alternative phone number	
Email address	
Current address	
Please insert the address that the NMC held during the previous proceedings (if different to the above)	

Employment details

Provide details of your paid or voluntary employment since your name was removed from the register.

Representative details

Are you represented?	☐ Yes ☐ No

If you are represented please provide as much information as you can.

Name	
Address	
Phone number	
Email address	
Union, solicitor or counsel?	Union

If you are not represented, do you intend to seek representation?	☐ Yes ☐ No

Referee's details

If you've provided us with the details of a referee or referees, we'll send them the reasons why the panel decided to strike you off our register. We will ask your referee(s) to confirm that they've read those reasons and that they continue to support your application for restoration. Please tick to indicate that you consent to us sending the reasons to you referee(s).

☐ I understand the requirement above.

If you fail to complete the tick box, your application may be delayed.

Referee 1 name	
Address	
Phone number	
Email address	
How do you know this referee?	
Is this referee registered with us?	☐ Yes ☐ No
If yes, please provide their PIN (if known)	

Referee 2 name	
Address	
Phone number	
Email address	
How do you know this referee?	
Is this referee registered with us?	☐ Yes ☐ No
If yes, please provide their PIN (if known)	

Referee 3 name	
Address	
Phone number	
Email address	
How do you know this referee?	
Is this referee registered with us?	☐ Yes ☐ No
If yes, please provide their PIN (if known)	

Why are you applying for restoration to the register?

Please answer the following questions

Have you been convicted of a criminal offence since your name was removed from the register? ☐ Yes ☐ No
Please note that we will complete a police check.

If yes, what was the offence?	
Please provide the name and address of the sentencing court.	
Hearing date	
Sentencing date	

Are you the subject of any criminal proceedings at the moment? ☐ Yes ☐ No

If yes, what was the offence?	
Which police station is dealing with the matter?	

Have you claimed to be a registered practitioner since you knew your name had been removed from the register? ☐ Yes ☐ No

If yes, please provide details.	

Declaration

The information I have provided is true to the best of my knowledge and belief.
I understand that if any information submitted proves to be false, the Fitness to Practise Committee will take it into consideration when considering my application for restoration.

Signed		**Date**	