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| A close-up of a sign  Description automatically generated | A close-up of a logo  Description automatically generatedPicture 1 |

# Intention to Register: Genetic Counsellor Register

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| **Personal Details** |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Previous Name / Maiden Name: |  |
| Date of Birth: |  |
| Current Practice Location: |  |
| Current Work Address: |  |
| Current work Postcode: |  |
| Current Work Tel: |  |
| Home Address: |  |
| Home Postcode: |  |
| Home Tel: |  |
| Email Address: |  |
| **Dates of Employment** |
| Date From: |  |
| Date To: |  |
| Post title |  |
| Post Location: |  |
| Date From: |  |
| Date To: |  |
| Post title |  |
| Post Location: |  |
| **Entry Route to Registration** |
| **Set A Entry Route:** |  |
| MSc in Genetic Counselling Date: |  |
| MSc in Genetic Counselling Academic Institute: |  |
| MSc in Genetic Counselling Certificate attached: | Yes / No |
| **Set B Other Academic Qualification** |
| Title of Qualification: |  |
| Date of Qualification:  |  |
| Name of Academic Institution: |  |
| Title of Qualification: |  |
| Date of Qualification: |  |
| Name of Academic Institution: |  |
| Employment Details |  |
| Date From: |   |
| Date To: |  |
| Post Title: |  |
| Location: |  |
| Date From: |  |
| Date To: |  |
| Post Title: |  |
| Location: |  |
| **Set C Scientific Training Programme (STP) Details** |  |
| STP Training Officer:  |  |
| STP Training Officer Email |  |
| STP Certificate attached: | Yes / No |
| **Training and Mentorship** |
| Have you worked for at least 2 years in a Genetic Counselling post under the supervision and mentorship of a Registered Genetic Counsellor?  | Yes / No |
| **Managers Details** |
| Full Name |  |
| Date from: |  |
| Date to: |  |
| Email Address: |  |
| Postal Address: |  |
| Full Name |  |
| Email Address: |  |
| Postal Address: |  |
| **Sign of Mentor’s Details** |
| Full Name: |  |
| Date from: |  |
| Date to: |  |
| Email Address: |  |
| Date of Last SOM Training: |  |
| Full Name: |  |
| Email Address: |  |
| Date of Last SOM Training: |  |
| **Counselling Supervisors Details** |
| Full Name: |  |
| Details of Relevant Qualifications:  |  |
| **Eligibility to Register** |
| Eligibility Certificate attached? | Yes / No |
| **Notification Statement** |
| I confirm that I have discussed my intention to register with my Manager and SOM and they both support the application? | Yes / No |

If more than one manager or SOM please add additional details:

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| --- |
| **Managers Details** |
| Full Name |  |
| Date from: |  |
| Date to: |  |
| Email Address: |  |
| Postal Address: |  |
| Full Name |  |
| Email Address: |  |
| Postal Address: |  |
| **Sign of Mentor’s Details** |
| Full Name: |  |
| Date from: |  |
| Date to: |  |
| Email Address: |  |
| Date of Last SOM Training: |  |
| Full Name: |  |
| Email Address: |  |
| Date of Last SOM Training: |  |