**Intention to Register**

|  |  |
| --- | --- |
| **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: |  |
| **Managers Details** |  |
| Full Name: |  |
| Date from: |  |
| Date to: |  |
| Email address: |  |
| Postal Address: |  |
| **Previous Employment Details** |  |
| Date From: | |
| Date To: |  |
| Post Title: |  |
| Location: |  |
| Date From: |  |
| Date To: | |
| Post Title: |  |
| Location: |  |
| **Academic qualifications** |  |
| Name of Academic Institution: |  |
| Title of Qualification: |  |
| Date of Qualification: |  |
| Name of Academic Institution: |  |
| 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 |
| **Sign of Mentor’s Details** | |
| Full Name: |  |
| Date from: |  |
| Date to: |  |
| 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:

|  |  |
| --- | --- |
| **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: |  |