

THE PUBLIC VOLUNTARY REGISTER OF SONOGRAPHERS

APPLICATION FORM FOR ENTRY ONTO THE REGISTER

SURNAME: **TITLE:**

FORENAMES:

DATE OF BIRTH:

CONTACT ADDRESS:
.....
.....
..... **POSTCODE**

WORK TELEPHONE NO: **EMAIL:**

SOCIETY OF RADIOGRAPHERS MEMBERSHIP NO:.....

UNITED KINGDOM OF SONOGRAPHERS MEMBERSHIP NO:.....

Are you currently regulated by an UK Statutory Body YES/NO

If yes, please state which body (e.g. HPC, GMC, NMC)

Registration No. (e.g. RA 12345)

U/S QUALIFICATION	DATE OBTAINED	WHERE OBTAINED	SUMMARY DETAILS OF COURSE CONTENT

SUMMARY DETAILS OF EXPERIENCE RELEVANT TO ULTRASOUND PRACTICE :

.....
.....
.....
.....

PRESENT POST

Job Title and Grade.....

Work address.....

.....

NAME, ADDRESS AND CONTACT DETAILS OF TWO PERSONS WHO MAY BE APPROACHED TO CONFIRM YOUR EDUCATION, QUALIFICATIONS AND SCOPE OF PRACTICE

.....
.....

I wish to be considered for registration in the following areas of ultrasound practice (Please tick all boxes that apply):

Please note that you may be required to provide evidence to support your application

Scope of Practice

Obstetrics	<input type="checkbox"/>	General medical	<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	Vascular	<input type="checkbox"/>
Breast	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>
Paediatric	<input type="checkbox"/>	Small parts	<input type="checkbox"/>
Trans cranial	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>
Early pregnancy	<input type="checkbox"/>	Infertility	<input type="checkbox"/>
Research	<input type="checkbox"/>	Education	<input type="checkbox"/>
Clinical applications	<input type="checkbox"/>	Service manager	<input type="checkbox"/>

Please state any other area of ultrasound practice:

I agree to accept that my name, scope of practice and geographical location of my workplace and voluntary registration number will appear on the SCoR/UKAS Voluntary Register of Sonographers. The Register can be viewed at www.sor.org and www.ukasonographers.org

SIGNATURE: **DATE:**

FEE ENCLOSED £..... **Payment must be in a cheque (pounds sterling or in a sterling bankers draft) made payable to "The College of Radiographers"**

***Please return this form to: Ultrasound Voluntary Register,
Society and College of Radiographers,
207 Providence Square,
Mill Street,
London, SE1 2EW***

OR

***Honorary Secretary,
United Kingdom Association of Sonographers
36 Portland Place,
London W1B 1LS***

This voluntary register is supported and operated by:

**SOCIETY AND COLLEGE OF RADIOGRAPHERS (SCoR)
UNITED KINGDOM ASSOCIATION OF SONOGRAPHERS (UKAS)**

Statement on Data Protection Act

The Society of Radiographers and the United Kingdom Association of Sonographers does not release members' or registrants' information to external organisations for marketing purposes.

Personal information relating to members/registrants is held on a secure database or in secure paper files by the Society in order to facilitate services to members/ registrants.

Registrants' names and addresses may be exchanged between SCoR and the UKAS in order to aid communication between the organisations and the maintenance of the voluntary register.

For office use only:

Confirmation of UKAS membership

Confirmation of SCoR membership

Date of Entry onto Register

Ultrasound Voluntary Registration No.....

Letter sent CONFIRMED / REJECTED Date:.....