**Application for Registered Associate Nutritionist (ANutr)
via Portfolio Entry**

Thank you for applying for UKVRN registration. Please read the accompanying guidance notes and ensure you complete all sections of this form.

**How we use your personal data**

The information we collect about you in this application form and supporting material will be retained by the Association for Nutrition (AfN) and used only for the purposes of administering the UK Voluntary Register of Nutritionists (UKVRN). All the information you give us will be treated as confidential and we will not disclose, sell or circulate the information you give us, other than for the purposes of administering your application and managing the Register.

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| **AfN – permission to contact**  |
| ☐ If admitted to the register, I agree to be contacted by email and post for the purposes of the AfN monthly newsletter, and to be advised of AfN events such as regional activities, AGM and annual elections☐ If admitted to the register, I agree to be contacted by email and post for the purposes of the AfN informing me of significant news or events within the nutrition profession as they occur*Registrants may alter their permissions at any time by contacting the AfN Registration Office in writing* |

**Publication of your data on the UKVRN Register**

With your permission, we will publish your name, town, country and UKVRN registration number on the public record of the UKVRN Register. If your application is approved, you can chose to publish more information about yourself, such as your email address and website, and add a personal profile to your UKVRN register entry, by logging into the Registrant’s section of our website.

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| **UKVRN Register - permission to publish personal information** |
| **☐ I agree that my name, town, country, UKVRN registration number and any sanctions imposed will be published on the public record of the UKVRN Register.** |
| Please select which address you wish the register to use to populate your public record  | ☐ Home ☐ Work |
| Please indicate below whether you intend to work with clients. *Note: you can change this at any time following acceptance of your application.*☐ Yes, I intend to work with clients ☐ No, I don’t intend to work with clients*You are expected to have appropriate indemnity provision in place if you work directly with individual members of the public. It is up to you to decide the level and type of cover you require. You must be able to access legal advice if necessary and the premium should be sufficient to cover any compensation claims made. We do not expect UKVRN registrants to work on an individual basis without insurance/indemnity cover unless you have sufficient personal financial means to pay any compensation claims made. (Standards of Ethics, Conduct and Performance.)*  |
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| **Contact Details**  |
| **Title**  | **First Name(s)** | **Last Name** |
| **Date of Birth** | **Country of Birth** | **Gender**  |
| **Telephone Number** *(include std code)* | **Email**  |
| **Mobile Number**  | **Web Address (if applicable)**  |
| **Home Address**  |
| **House / Flat number**  | **Street Name**  |
| **Town** | **Postcode** |
| **County / State** | **Country**  |
| **Work Address**  |
| **Organisation** | **Position** |
| **House / Flat number**  | **Street Name**  |
| **Town** | **Postcode** |
| **County / State** | **Country**  |

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| **Nutrition Qualifications**  |
| If you qualified outside of the UK you must include with your application a Statement of Comparability by the UK National Academic Recognition Information Centre (UKNARIC) or equivalent organisation. |
| **Title of your Degree(s**) (Please state the title of your degree e.g. BSc Human Nutrition, MSc Nutritional Science etc.) | **Year Graduated**  |
| **Name(s) of University**  |

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| **Professional Regulation** |
| Please state if you are, or ever have been, registered with any other regulatory body (statutory or voluntary):  |
| Regulator:Registration Number:  |

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| **References**  |
| Please provide the contact details of two referees who can attest to your character. Ideally, one of the referees should also be able to attest to your knowledge and understanding of evidence based nutrition (eg an academic tutor from your degree programme). The referees must not be a relative or close personal friend and must have known you for a minimum of 12 months. |
| **Reference 1**  |
| Name |
| Job Title |
| Email Address  |
| Relationship to you |
| **Reference 2**  |
| Name |
| Job Title |
| Email Address  |
| Relationship to you |

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| **Declarations regarding Fitness to Practice**  |
| This information will remain confidential and is only for AfN use in assessing suitability for registration. If the answer is yes to any of the below, please provide further details which may include the date, nature of the health condition, offence, penalty or sanction received, information regarding the circumstances, and a copy of the certificate of conviction/sanction.  |
| **Have you ever have been convicted of a criminal offence or received a police caution, subject to the provisions of the Rehabilitation of Offenders Act 1974?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No** |
| **Have you ever been removed from being a trustee of, or being concerned with the management or control of, a charity?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No** |
| **Have you ever been removed from office as a member, director or manager of any public body?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No** |
| **Have you ever been adjudged bankrupt or made a composition with creditors?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No** |
| **Have you ever been disqualified from acting as a director or a company?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No** |
| **Have you ever been the subject of a judgement in a civil court concerning any debt, fraud, misrepresentation or conduct relating to the administration of justice?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No** |
| **Have you ever been subject to any investigation or proceedings concerning your fitness to practice by any professional, statutory or regulatory body?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No** |
| **Do you have, or have you had, any health condition (mental and/or physical) that might impair your ability to practice safely and effectively in accordance with AfN competence and conduct standards?****☐ Yes** (please provide details in the space provided at the bottom of the page) **☐ No***Note: If you intend to work with individual clients (the public) it is important that you declare any* ***medical conditions*** *or* ***addictions*** *which could pose a risk to patient and public safety.* ***Please do not disclose any medical condition which does not affect fitness to practice****.*  |
| Please continue on a separate sheet if necessary and attach to your application. |

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| **Declarations**  |
| Individuals applying for registration, or renewing or restoring their registration must make the following declarations regarding information held by the AfN for the purpose of administering the UKVRN and agreement to adhere to standard terms and conditions, for their application to be accepted.Please ensure that you read these declarations carefully and understand your obligations.  |
| I **declare** I have read, understood and will uphold the AfN Standards of Ethics, Conduct and Performance. I **undertake** to inform AfN of any health conditions, criminal conviction(s), police cautions and/or any disciplinary proceedings by any employer, regulatory, statutory or professional body, whether in the UK or overseas. I **consent** to AfN communicating with other regulator(s) and enforcement agencies (such as the police) about my UKVRN registration as part of AfN’s duty to protect the public and promote high standards.I **understand** that it is my responsibility to obtain support and/or supervision by a statutorily regulated health professional in order to work with vulnerable clients in the following groups if I do not have the special knowledge for autonomous practice: Children, Disabled, Ill /or at high risk I **understand** that unless I pay the annual registration subscription my name will not appear on the public record of the UKVRN Register and I will be unable to continue using the professional title Registered Nutritionist (RNutr) or Registered Associate Nutritionist (ANutr). I **consent** to the AfN contacting any person to obtain further information about my application or to verify the information which I have provided, including the programme director or programme administrator or other authorised person from my university to confirm I hold the qualifications listed in this application; and agree that any person whom is contacted may provide the AfN with any information about me which they hold. I **understand** that the AfN may contact me during the application process to request information and/or to update me on the progress of the applicationI **understand** that I may be contacted by the AfN if a complaint is made against me as a registrant, relating to Fitness to Practice I **confirm** that I have provided complete and accurate information in this form and accompanying documents. |
| **Signed**  | **Date (DD/MM/YYYY)** |

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| **Payment Details**  |
| Application via portfolio fee for Registered Associate Nutritionist (ANutr) registration:**£258.00** (fee includes: £176 scrutiny/administration fee, and £82 first annual registration fee)*Note: If your application is unsuccessful the annual registration fee will be refunded*  |
| **Payment can be made by credit/debit card, cheque or BACS transfer:** |
| **☐ Phone payment** | The registration team will contact you once we have processed your information to arrange payment of the application fee.  |
| **☐ Cheque**  | Please make payable to ‘Association for Nutrition’  |
| **☐ BACS transfer** | Account Holder - Association for NutritionBank – Metro Bank, Account number – 28442364, Sort code – 23-05-80Please ensure you include your surname (and application number if known) as the payment reference so this can be linked to your record.  |
| **☐ Credit/Debit card**(we are unable to accept Amex) | Please debit the card below for the amount of ☐ £258.00  |
| **Card holder name** | **Card number**  |
| **Card security code** | **Expiry date** |
| **Address where card is registered** |
| **Town** | **Country** | **Postcode**  |
| **Email:**  |
| **Card holders signature**  | **Date (DD/MM/YYYY)** |

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| **Application Checklist**  |
| ☐ I confirm my application is not placed in a ring binder or individual plastic wallets. ☐ I confirm my application does not contain original documents which need to be returnedPlease ensure that you have included the following items with your application☐ **Certified copy of identification**  (e.g. photocopy of the photo page of passport or driving licence signed by a line manager to confirm is a true likeness)☐ Payment Details☐ Referee Contact DetailsAnd **TWO** copies of the following:☐ Curriculum Vitae (CV)☐ Supporting Statement☐ Completed Knowledge and Understanding Mapping Form (Part A) ☐ Copies of numbered evidence  |

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| **Completed applications should be sent to**  |
| Registration Team - Applications, Association for Nutrition, 3rd Floor Alliance House, 29-30 High Holborn, London, WC1V 6AZ |