IMPLEMENTATION IN IRELAND OF DIRECTIVE 2005/36/EC
ON THE RECOGNITION OF PROFESSIONAL QUALIFICATIONS

DECLARATION TO BE COMPLETED PURSUANT TO ARTICLE 7(1) CONCERNING THE TEMPORARY PROVISION OF SERVICES

Declaration to the Irish Society of Chartered Physiotherapists (ISCP) pursuant to Article 7(1) concerning the temporary provision of services[1]

1. This declaration is to inform the relevant Irish competent authority of:

☐ A first provision of services (please complete sections 2- 9)

☐ An annual renewal of the declaration[2] (please complete sections 2- 6 and 10-13)

2. Identity of applicant:

2.1. Surname……

2.2. First name(s) ……

Nationality (ies):

☐AT ☐BE ☐CY ☐CZ ☐DE ☐DK ☐EE ☐EL ☐ES ☐FI
☐FR ☐HU ☐IE ☐IT ☐LI ☐LT ☐LU ☐MT ☐NL ☐PL
☐PT ☐SK ☐SV ☐SE ☐UK

Other (s) ……

2.3. Passport or Identity Card number: Country ……
Country ……
Country ……

2.4. Gender: ☐Male ☐Female

2.5. Date of birth: ☐☐ ☐☐ ☐☐☐☐

2.6. Place of birth: Town: ……

☐AT	☐BE	☐CY	☐CZ	☐DE	☐DK	☐EE	☐EL	☐ES	☐FI
☐FR	☐HU	☐IE	☐IT	☐LI	☐LT	☐LU	☐MT	☐NL	☐PL
☐PT	☐SK	☐SV	☐SE	☐UK					

Other ……

[1] Please keep a copy of this declaration. You will be requested to produce it for the provision of future services.

[2] Please attach a copy of the previous declaration and of the first declaration made.

2.7 Contact details in Member State of Establishment:

Address……..

……

……...

Telephone (with dialling codes): ……..

Fax (with dialling codes): …….

E-mail: ……..

2.8 Contact details in the Host Member State (if applicable):

Address……..

……

……...

Telephone (with dialling codes): ……..

Fax (with dialling codes): …….

E-mail: ……..

2.9 Address to which any correspondence should be sent:

☐ Address in member state of establishment provided in 2.7

☐ Address in host member state provided in 2.8

☐ Other,

Address……..

……

……...

Telephone (with dialling codes): ……..

Fax (with dialling codes): …….

E-mail: ……..

3. Profession concerned:

3.1 Profession pursued [3] in the Member State for which you are legally established:[4]

……(Title in home member state)

……(Title in English)

……

……

[3] Please indicate the title of the profession in the language of the Member State in which you are established and in English.

[4] If you are established in more than one Member State, please supply the information for each of the Member States in question.

3.2 Profession for which you are applying to gain access in Ireland:

…….....

4 **Legal establishment in one or more Member States**[5]:

4.1 Are you legally established in a Member State to pursue the profession referred to in 3.1

☐Yes ☐No

Any comments: ……

If you answered yes, in which Member State (s) are you legally established?

☐AT	☐BE	☐CY	☐CZ	☐DE	☐DK	☐EE	☐EL	☐ES	☐FI
☐FR	☐HU	☐IE	☐IT	☐LI	☐LT	☐LU	☐MT	☐NL	☐PL
☐PT	☐SK	☐SV	☐SE	☐UK					

4.2 Is this profession regulated in the Member State(s) in which you are legally established [6]?

Member State ……☐Yes ☐No

Member State ……☐Yes ☐No

If the profession is regulated, please go to question 4.4

Any comments: ……

4.3 If the profession referred to in 3.1 is not regulated in the Member State in which you are established, have you acquired for that profession, professional experience of at least two years during the last ten years on the territory of that Member State?

☐Yes ☐No

Please indicate how you propose to demonstrate the acquisition of professional experience (e.g. contracts of employments etc)

. …….....

4.4 Do you belong to a professional association or an equivalent body?

☐Yes ☐No

If your answer was yes, please indicate which one, giving the relevant contact details and your registration /membership number.

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5 For the purposes of this declaration, "legal establishment" refers to the pursuit of the profession in compliance with the rules relating to professional qualifications, including the related training conditions, and all the rules specific to the pursuit of the profession. Legal establishment precludes any prohibition, albeit temporary, from pursuing the profession. For holders of third country qualifications, the legal establishment which may give rise to the provision of services also entails professional experience of at least three years on the territory of a Member State which has recognised the qualifications in accordance with its national legislation, and certified by it (Article 3(3) of Directive 2005/36/EC refers).

6 If you are established in more than one Member State, please supply the information for each of the Member States in question.

……

……

4.5 Are you subject to authorisation or supervision by a competent authority?

☐Yes Please indicate which one, giving the relevant contact details and your registration/membership number.

……..

……..

……..

☐No

5. Evidence of professional qualifications:

Qualification:…….. Awarding authority: ……

Qualification:……. Awarding authority: ……...

Qualification:……. Awarding authority: ……

6. Public Liability and Professional Indemnity Insurance:

6.1. Please confirm that you have PUBLIC LIABILITY insurance cover for CLAIMS MADE AGAINST YOU arising from the pursuit of the profession referred in 3.1 TO THE MINIMUM LIMIT OF INDEMNITY OF €6,500,000

☐Yes ☐No

Please provide details of your insurance cover:

Name of Insurance Company: …….....

Number of policy/contract:… …….....

Limit of Indemnity (in Euro): …….....

RENEWAL DATE:……

Does the policy have an indemnity to principals clause? ☐Yes ☐No

Does the jurisdiction clause of the policy include the republic of Ireland? ☐Yes ☐No

Do the territorial limits include the republic of Ireland? ☐Yes ☐No

6.2 Please confirm that you have PROFSSIONAL INDEMNITY insurance cover FOR CLAIMS MADE AGAINST YOU arising from the pursuit of the profession referred in 3.1 TO THE MINIMUM LIMIT OF INDEMNITY OF €6,500,000

☐Yes ☐No

Please provide details of your insurance cover:

Name of Insurance Company: …….....

Number of policy/contract:… …….....

Limit of Indemnity (in Euro): …….....

RENEWAL DATE:……

Does the policy have an indemnity to principals clause? ☐Yes ☐No

Does the jurisdiction clause of the policy include the republic of Ireland? ☐Yes ☐No

Do the territorial limits include the republic of Ireland? ☐Yes ☐No

7. **Supporting documentation which must be submitted with this application:**

7.1 Please tick the documents that accompany this declaration:

☐ Proof of nationality

☐ Attestation of legal establishment in the Member State of establishment

☐ Evidence of professional qualifications

☐ When the profession is not regulated in the Member State of establishment, any means of proof that you have pursued the professional activity referred to in 3.1 for at least two years during the previous ten years

☐ A copy of your insurance cover with regard to public liability and professional indemnity.

(All this documentation must be submitted as notarised copies of the originals, accompanied by notarised translation if not in English)

7.2 I confirm that the competent authority in the member state of establishment has attested that I am legally established in that Member State for the purpose of pursuing the profession referred to in 3 and that I am not prohibited from practising, even temporarily, **at the moment of delivering the attestation.**

☐Yes ☐No

8. I declare that I have read, understood and agree to abide by the ISCP's Rules of Professional Conduct.

☐Yes ☐No

9. **Signature**

I confirm that the information provided in this declaration is correct and that I intend to provide services in Ireland on a temporary and occasional basis.

Signed…….

Name in capitals…….

Date……

10. **Renewal Information**

10.1 In what period (s) did you provide services in Ireland and indicate the professional activities carried out during each period.

Professional activity provided

From☐☐ ☐☐ ☐☐☐☐ until ☐☐ ☐☐ ☐☐☐☐ .....…….

From☐☐ ☐☐ ☐☐☐☐ until ☐☐ ☐☐ ☐☐☐☐.....

From☐☐ ☐☐ ☐☐☐☐ until ☐☐ ☐☐ ☐☐☐☐.....….

From☐☐ ☐☐ ☐☐☐☐ until ☐☐ ☐☐ ☐☐☐☐.....……

Any comments: ……

11 **Supporting documentation to be submitted with this renewal application:**

11.1 Please tick the documents, which accompany this declaration:

☐ A copy of your insurance cover with regard to public liability and professional indemnity.

(This documentation must be submitted as a notarised copy of the original, accompanied by a notarised translation if not in English)

11.2 **Attestation from the competent authority in the member state of establishment**

☐ I confirm that the competent authority in the member state of establishment has attested that I am legally established in that Member State for the purpose of pursuing the profession referred to in 3 and that I am not prohibited from practising, even temporarily, **at the moment of delivering the attestation**

11.3 Please advise if there are any changes to the supporting documentation submitted with your first declaration.

…….

…….

11. I declare that I have read, understood and agree to abide by the ISCP's Rules of Professional Conduct.

☐Yes ☐No

13 **Signature**

I confirm that the information provided in this renewal declaration is correct and that I intend to provide services in Ireland on a temporary and occasional basis.

Signed……..

Name in capitals……..

Date……..