



Application for Hair Restoration Surgery Modality

Eligibility to be 'Fully' registered for Hair Restoration Surgery requires:

- A GMC licence
- Accreditation by the American Board of Hair Restoration Surgery (ABHRS) / International Board of Hair Restoration Surgery (IBHRS) OR equivalent
- A Basic Surgical Skills certificate OR equivalent (eg a higher surgical qualification)
- 2 years experience

The fee is **£450.00** per year.

Application for the ABHRS/IBHRS exam requires a log book of at least 150 cases.

Eligibility to be 'Provisionally' registered for Hair Restoration Surgery requires:

- A GMC licence
- A JCCP approved Level 7 Hair Restoration Surgery Theory course qualification
- A JCCP approved Basic Surgical Skills certificate OR equivalent (e.g. a higher surgical qualification)
- 2 years experience

The fee is **£450.00** per year.

Progression to being fully registered must occur within 2 years or the provisional registration will be terminated.

ONCE THIS FORM IS PRINTED AND COMPLETED PLEASE RETURN WITH THE REQUIRED DOCUMENTATION TO THE JCCP AT INFO@JCCP.ORG.UK OR BY POST: JCCP, 1ST FLOOR LUMIERE, ELSTREE WAY, BOREHAMWOOD, WD6 1JH

To register for the JCCP the practitioner agrees to abide by the JCCP/CPSA Code of Practice, Fitness to Practice Rules and agreeing the following declaration of good character:

1. That to the best of my knowledge and belief there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of my acceptance.
2. I have no charges pending (either criminal or civil) and no cautions or convictions, spent or unspent, recorded by the police against me.
3. I have not been and am not currently subject to disciplinary action.
4. I am neither engaged in any activities with, nor am I a member of any organisation, club, social networking website, which could call into question my good character for the purposes of carrying out my duties or compromise the activities of the JCCP.

Signed:

Name: Date:

Application Questions

1. Personal Details

Title*:

Gender*:

First Name*:

Last Name*:

Personal Primary Landline Telephone Number:

Business Primary Landline Telephone Number*:

Personal Mobile Telephone Number*:

Email Address*:

Confirm Email Address*:

Personal Website:

Personal Facebook:

Personal Twitter:

Personal LinkedIn:

Other Social Media:

Date of Birth*:

Home Address Postcode*:

Home Address Line 1*:

Home Address Line 2:

Town / City *:

County *:

Region*:

Country*:

* = Required fields

Application Questions

2. Professional Details

Are you applying to register 'Fully' or 'Provisionally' with the JCCP?:

If 'Fully' please provide your ABHRS/IBHRS certificate and your basic surgical skills certificate OR equivalent (eg a higher surgical qualification).

If 'Provisionally' please provide your Level 7 Hair Restoration Surgery Theory course qualification and your basic surgical skills certificate OR equivalent (eg a higher surgical qualification).

I confirm I have been performing hair restoration surgery for 2 years:

Yes

GMC Number:

.....

Year of qualification as a Doctor:

.....

Membership of any other medical membership bodies (please provide relevant certificates):

.....

Number of procedures undertaken in last year*:

.....

Number of individual patients*:

.....

Annual Turnover for this type of work (not mandatory):

.....

* = Required fields

Application Questions

4. Location Details

Please provide the following information on the primary location where you offer hair restoration surgery.

Has this clinic been registered with the Care Quality Commission (CQC), or devolved equivalent?*

Yes No

Clinic Name*:

Address postcode*:

Address Line 1*:

Address Line 2:

Town/City*:

County*:

Region*:

Country*:

Location contact details if different (if not different leave blank):

Title:

Contact first name:

Contact second name:

Telephone number:

Email:

Confirm Email:

Website:

Social Media:

Confirm that all clinics/locations where you offer or undertake hair restoration surgery are CQC registered:

Yes No

* = Required fields

Application Questions

5. Further Location Details

(Reprint this page for further locations)

You can provide the following information on any further location where you offer hair restoration surgery.

Has this clinic been registered with the Care Quality Commission (CQC), or devolved equivalent?*

Yes No

Clinic Name*:

Address postcode*:

Address Line 1*:

Address Line 2:

Town/City*:

County*:

Region*:

Country*:

Location contact details if different (if not different leave blank):

Title:

Contact first name:

Contact second name:

Telephone number:

Email:

Confirm Email:

Website:

Social Media:

Confirm that all clinics/locations where you offer or undertake hair restoration surgery are CQC registered:

Yes No

* = Required fields

Application Questions

3. Other Information

Indemnity insurance provider name* (medical malpractice insurance):

.....

Policy number*:

.....

Date of expiry*:

.....

Please provide a copy of your certificate

Public liability insurance provider name*(covers liability for premises issues):

.....

Policy number*:

.....

Date of expiry*:

.....

Please provide a copy of your certificate

Do you operate under a complaints procedure?*

Yes No

Please provide a copy of your complaints policy.

Are you a member of a redress scheme?*

Yes No

Why have you applied to join the JCCP? *:

- Professional association requirement
- Training course requirement
- Recommendation
- Customer request
- Increase standards in the industry
- Improve patient/public safety
- Other