



Return to: UK Voluntary Register of Nutritionists
 C/O Portland Customer Services
 Commerce Way
 Colchester, CO2 8HP

Tel: + 44 (0) 1206 796351 Fax: +44 (0) 1206 799331
 Email: nutsoc@portland-services.com

LATE RENEWALS FOR REGISTRATION WITH THE UK VOLUNTARY REGISTER OF NUTRITIONISTS 2008

Voluntary professional registration with the Interim Professional Body for Nutrition is now completely separate from membership of the Nutrition Society. If your registration has expired, in order to appear on the Register for 2008-09, please provide the information required, and return this form, with your registration fee (overleaf), to the above address.

Please note this form can only be used to renew a recently expired registration which has lapsed within the last 2 years. If your registration lapsed before this you must apply to be reinstated using the Change Registration Form available on www.nutritionistsociety.org.

The Category and Scope of Practice to which you were admitted:

- Associate Nutritionist (ANutr.) in ONE of two scopes of practice
 - Human
 - Animal
- Associate Public Health Nutritionist (APHNutr.)
- Registered Public Health Nutritionist (RPHNutr.)
- Registered Nutritionist (RNutr) in ONE of two scopes of practice
 - Human
 - Animal

Please provide your **Register Number** to help identify your file:

(This will usually start ARN, RN, ARPHN or RPHN)

*If you wish to **change your level of registration** or scope of practice, please **do not** use this form for your renewal. Refer to www.nutritionistsociety.org for details about how to apply using the Change Registration form, the evidence required and additional fees.*

CONFIDENTIAL INFORMATION ABOUT YOU FOR OUR RECORDS

This information is to help the UKRVN administer the register. It will not appear in the public domain.

The address I would like to appear in the confidential file and for all correspondence is:

Please print or write in block letters

Title <i>(please tick)</i>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <i>(please specify)</i> <input type="checkbox"/>
First name		Second Name		Last name		
Address						
Town		Postcode		Country		
Telephone Number with full dialling code						
Fax Number with full dialling code						
Email <i>(please state)</i>						

About you

Date of birth *(dd/mm/yyyy)*

Gender *(please tick)* Male Female

Membership of other professional registers, if any

- Health Professions Council
- General Medical Council
- Sport & Exercise Nutrition Register
- UK Nursing & Midwifery Council
- UK Register of Public Health

DECLARATIONS

Complete ALL of this section.

- I undertake to uphold the [Code of Ethics and Statement of Professional Conduct](#) and the [Policy on Professions in the Nutrition Sciences](#)
- I understand that unless I pay the annual registration renewal fee (currently £20) my name may not appear on the Register.
- I affirm that I have provided complete and accurate information in this form and accompanying documents.
Anyone who provides information subsequently shown to be false will be removed from the register.
- I undertake to inform the UKVRN of any criminal conviction(s)
- I understand that it is my responsibility to obtain support/ supervision by a regulated health professional in order to work with vulnerable clients if I do not have the special knowledge for autonomous practice:
 - Children
 - Disabled
 - Ill / or at high risk
- I understand that the UK Voluntary Register of Nutritionists, with my name in it, is made widely available on the World Wide Web www.nutritionistsociety.org.uk/register
- I understand that UKVRN may need to communicate with other regulator(s) about my registration as part of its duty to protect the public and promote high standards.

Signed	Date
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>>>>>>>>> UKVRN 'SEARCH THE REGISTER' REGISTRANT INFORMATION FORM >>>>>>>>>

The 'Search the Register' is for clients/employers or fellow professionals to locate Registered Nutritionists and is free of charge.

Name, registration number and regional location are given for all registrants. Contact information is given for those who provide it. Additional information is given for those with *Specialisms*. To allow additional information to be included and searched on the register, please complete each section of the form below.

REGISTER INFORMATION

NAME: <i>(as you wish it to appear on the register)</i>	
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- I give permission for the following information to be in the public domain, in addition to my name, registration number and scope of practice: *Please leave blank if you do not wish any further information about you to be published.*

Telephone Number:	Fax:	Email:
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SPECIALISMS / SPECIALIST POPULATIONS (FULL REGISTRANTS ONLY)

PLEASE TICK ONLY THOSE BOXES IN WHICH YOU HAVE A SPECIALISM OR SPECIALIST POPULATION WHICH YOU WOULD LIKE TO BE PUBLICLY AVAILABLE ON THE REGISTER (PLEASE SEE DEFINITIONS BELOW) – PLEASE DO NOT TICK BOXES THAT YOU EITHER ONLY HAVE AN INTEREST IN OR WOULD LIKE TO WORK IN ONE OF THE AREAS. CHOOSE ONE TO THREE OPTIONS.

- **Specialism:** Topic or areas in which you have post registration or advanced degree qualifications, have devoted much time (3-5 years) and in which you are highly skilled and possess detailed knowledge and/ or in which in which you are competent to offer professional services or provide information within the Statement of Professional Conduct AND / OR
- **Specialist Populations:** Particular groups of individuals that you are highly skilled in working with and possess detailed knowledge of.

SPECIALISMS / SPECIALIST POPULATIONS

- | | |
|--|--|
| <input type="checkbox"/> Heart/ Vascular Disease | <input type="checkbox"/> Education |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Communication and Media |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Training |
| <input type="checkbox"/> Sports &/or Exercise | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Epidemiology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Feed/ Food Supply |
| <input type="checkbox"/> Parenteral / Enteral | <input type="checkbox"/> Food, Recipe and nutrient analysis |
| <input type="checkbox"/> Health Development/ Promotion | <input type="checkbox"/> Flavours |
| <input type="checkbox"/> Pet | <input type="checkbox"/> Labelling/ regulation |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Policy/ Poverty/ Social |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Vitamins |
| <input type="checkbox"/> Horse | <input type="checkbox"/> Minerals |
| <input type="checkbox"/> Fish/aquaculture | <input type="checkbox"/> International development / emergencies |
| <input type="checkbox"/> Large/Zoo Animal | <input type="checkbox"/> Infants/ young children |
| <input type="checkbox"/> Ruminants | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Laboratory Animal | <input type="checkbox"/> Pregnancy |

REGISTER FEES 2008/9

Register Membership Renewal – 1 st April 2008 – 31 st March 2009	<input type="checkbox"/> £20
- 1 st October 2008 – 31 st September 2009	<input type="checkbox"/> £20

PAYMENT

- By cheque. *Please make cheques payable to the Nutrition Society*
- By credit card *Please charge my credit card.*

Card type (e.g. Visa)	Card holder name
Start Date	Expiry Date
Issue Number	Card number
Total amount (£/€/\$, specify)	Signature
Address (where your card is registered if different from correspondence address)	

PLEASE SEND PAYMENT & COMPLETED FORM to: UK Voluntary Register of Nutritionists, C/O Portland Customer Services, Commerce Way, Colchester, CO2 8HP