




## Application for acceptance as a notified trainee or student dispenser

 Registrar  
Hearing Aid Council  
70 St Mary Axe  
London, EC3A 8BD

  
  
 [www.thehearingaidcouncil.org.uk](http://www.thehearingaidcouncil.org.uk)  
[hac@thehearingaidcouncil.org.uk](mailto:hac@thehearingaidcouncil.org.uk)  
020 3102 4030

### Completing this form

We recommend:

- before submitting this form, you photocopy it and all of the supporting documents for your own records; and
- you send your application by registered or recorded delivery.

Please make sure you have included the documents outlined below with your application. Failure to do so will result in your application being returned to you.

### Checklist

Please check that you have enclosed the following items with your application:

1. A completed and signed application form
2. Two passport photographs (both with you name on the reverse)
3. A copy of one of the following your passport, national identity card, DVLA/EEA driving licence or EU identity card (just the page with the identity and photograph is required)
4. Certified evidence of any change in name (if applicable) (a certified copy is one from the registry office or a photocopy signed by a noted member of society such as a doctor or policeman)
5. Copy of acceptance letter for approved degree course
6. A certified copy of your birth certificate/adoption certificate (a certified copy is one from the registry office or a photocopy signed by a noted member of society such as a doctor or policeman)

**Please complete this form in BLOCK CAPITALS using a black pen.**

### Section 1 – trainee/student personal details

Your title	
Your surname	
Your first name	
Your date of birth	
Your address (this must be your normal place of residence and must include the post code)	
Have you been previously notified as a trainee?	YES/NO (delete as appropriate)
If you answered yes to the question above, please state the date you were previously accepted.	

## Section 2 – trainee/student course details

Name of education provider	
Name of course	
Course start date	

Name of employer	
Employer's registration number	

**From 31<sup>st</sup> March 2008, the Hearing Aid Council will not accept notified trainee applications from individuals who are not undertaking a degree course approved by the Council.**

## Section 3 – supervisor details

Name of supervisor	
Registration number	
Total number of notified trainees you are currently supervising	<ul style="list-style-type: none"><li>• in full time training</li></ul>
	<ul style="list-style-type: none"><li>• as pre-registered hearing aid dispensers</li></ul>

### **FOR OFFICE USE ONLY:**

Date Received:  
Photos Received:  
Date of Acceptance:  
Date of Expiry of Acceptance (5 years):  
ID Number:

**Section 5 – trainee/student dispenser’s declaration**

**As a trainee/student dispenser of hearing aids, you are required at all times to comply with the standards set out in the Hearing Aid Council’s Code of Trade Practice (2008) and with any relevant laws and regulations. Failure to comply with these requirements may result in disciplinary action being taken against you and your supervisor and the termination of your training.**

I (please write your name) .....

- declare that the details set out above are correct
- declare that I have read, understand and will comply with the Hearing Aid Council’s Code of Trade Practice (2008)
- declare that I have read, understand and will comply with the Hearing Aid Council’s Registration Rules (2007)
- consent to the Hearing Aid Council processing my personal data for the purposes of maintaining its registers in line with its legal duties under the Hearing Aid Council Act 1968 (as amended) and the Data Protection Act 1998
- understand that fraudulently procuring an entry in the HAC register may result in criminal proceedings being taken against me
- know of no reason that would preclude my name being entered on the Register of Hearing Aid Dispensers

Trainee/student’s signature.....

Date.....

**Section 6 – supervisor’s declaration**

I (please write your name).....

- declare that the details set out above are correct
- declare that I have read, understand and will comply with the Hearing Aid Council’s Code of Trade Practice (2008) as it applies to my role as supervisor of the above named trainee/student
- consent to the Hearing Aid Council processing my personal data for the purposes of maintaining its registers in line with its legal duties under the Hearing Aid Council Act 1968 (as amended) and the Data Protection Act 1998
- understand that fraudulently procuring an entry in the HAC register may result in criminal proceedings being taken against me

Supervisor’s signature.....

Date.....