

Application for registration as an employer dispenser of hearing aids



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



www.thehearingaidcouncil.org.uk
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.

You should not complete this form if:

- your company is based outside the UK; or
- you cannot make the declarations set out in section 2 of this form.

Checklist

Please check that you have:

1. Enclosed a completed and signed application form
2. Completed sections 1 and 2, and either sections A, B, D or C.
3. Enclosed a cheque, made payable to the Hearing Aid Council, for the registration and retention fees.

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

Section 1 – registration details

I/We wish to register with the Hearing Aid Council from the following date ò ò ò ò ò ò ò ò ò ò

I enclose a cheque made payable to the Hearing Aid Council for the sum of £ò ò ò ò ò ò ò ò ..

You must send a cheque, made payable to the Hearing Aid Council, to cover the cost of the one-off registration fee and the pro rata retention fee. In all circumstances, you will be registered from the first day of the month in which you submit your application. Information on how much you need to pay is included in the guidance notes.

You are legally required to ensure your annual retention fee is paid to the Hearing Aid Council on or by 1st April each year. Failure to make such payments may result in your name being removed from the Register of Hearing Aid Dispensers.

PLEASE INDICATE THE TYPE OF ORGANISATION YOU ARE:

- | | | | |
|--|--------------------------|--------------------------|---------------------------|
| I am/We are <i>[please tick]</i> A. | <i>An Individual</i> | <input type="checkbox"/> | Please complete section A |
| B. | <i>A Partnership</i> | <input type="checkbox"/> | Please complete section B |
| C. | <i>A Limited Company</i> | <input type="checkbox"/> | Please complete section C |
| D. | <i>A NHS Trust</i> | <input type="checkbox"/> | Please complete section D |

If you are a director of a limited company you are an employee of that company and your company is legally required to be registered as an employer of dispensers.

Section A – Individual

Your title	
Your first name	
Your surname	
Your date of birth	
Your address (this must be your normal place of residence and must include the post code)	
Business Name	
Business address (this must be the principal place of business and must include the post code)	

Section B – Partnership

Business Name	
Business address (this must be the principal place of business and must include the post code)	

Details of each partner

For each partner in the business, you must provide the full name, date of birth and residential address. Please continue on separate page if your business has more than three partners.

Your title	
Your first name	
Your surname	
Your date of birth	
Your address (this must be your normal place of residence and must include the post code)	

Your title	
Your first name	
Your surname	
Your date of birth	
Your address (this must be your normal place of residence and must include the post code)	

Your title	
Your first name	
Your surname	
Your date of birth	
Your address (this must be your normal place of residence and must include the post code)	

Section C – Limited company (body corporate)

Company name	
Other name (any other name under which your business operates or is known).	
Company registration number	
Registered address (this must be the registered address of business and must include the post code)	
Principal business address (this must be the address from which your business operates, if different from the registered address. You must include the post code)	

You must provide the full name of any director in the business. Please continue on separate page if your business has more than four directors.

Director name	
Director name	
Director name	
Director name	

Section D – NHS trust

An NHS trust must be registered as a employer of hearing aid dispensers if it employs audiologists to undertake dispensing activity. If you are an NHS employee and undertake private dispensing activity on your own account, your NHS trust does not need to be registered as a employer of dispensers.

Trust name	
Other name (any other name under which your business operates or is known).	
Registered address (this must be the registered address of business and must include the post code)	
Principal business address (this must be the address from which your business operates, if different from the registered address. You must include the post code)	
Name of Chief Executive	
Name of Head of Audiology	

Section 2 - declaration

As an employer of dispensers of hearing aids, you and your employees 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.

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)
- declare that my organisation will take all reasonable steps to ensure our employees read, understand and will comply with laws and regulations governing the dispensing of hearing aids in the UK
- consent to the Hearing Aid Council processing my 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
- understand that the Hearing Aid Council will undertake Companies House checks and may require further information in support of this application
- know of no reason that would preclude the name of my company, its partners or directors from being entered on the Register of Employers of Hearing Aid Dispensers

Signature _____
Authorised to sign for and on behalf of the organisation named above

Date _____ ..

FOR OFFICE USE ONLY:

Date Received: _____ Date acknowledged: _____

Cheque No: _____ Amount:£ _____

Date of First Registration: _____ Initials: _____

Allocated Register No: _____ Initials: _____

Processing your application

The average processing time for applications is between seven and ten working days. This time may vary depending on the volume of applications received. We will return your application to you and ask you to resubmit it if it is incomplete. Your application may be rejected if we believe that you are unable to comply with the standards set out in our Code of Trade Practice (2008).

Registration and retention fees

Use this table to find out how much you should pay. The first time you register you must pay a one off fee of £125. In addition, you must pay your 2008-9 registration fee. As this is the first time you are registering you only need to pay for the part of the year you want to register for. This is calculated on a pro rata basis. Our year begins in April. The fee for the whole of 2008-9 is £695. You must pay for the whole of any month you wish register for. For example, if you wish to register from July then you must enclose a cheque for £646.25.

2008-9 Fees for first registrations

You must register from the 1st of your chosen month.

First registration occurs in:	Registration fee	Retention fee	Total fee payable is
April	£125.00	£695.00	£820.00
May	£125.00	£637.08	£762.08
June	£125.00	£579.17	£704.17
July	£125.00	£521.25	£646.25
August	£125.00	£463.33	£588.33
September	£125.00	£405.42	£530.42
October	£125.00	£347.50	£472.50
November	£125.00	£289.58	£414.58
December	£125.00	£231.67	£356.67
January	£125.00	£173.75	£298.75
February	£125.00	£115.83	£240.83
March	£125.00	£57.92	£182.92