

GMC Application Form

You should use this application form if

- **you are already registered with the GMC**

AND

- you want to change your name on the Medical Register

The GMC is a charity registered in
England and Wales (1089278) and Scotland (SC037750)

Please send this form to:

General Medical Council
Registration Support Team (Updates)
3 Hardman Street
Manchester
M3 3AW

The information you give on this form will
be used by the GMC to:

- Process your application
- Update the Registers
- Administer and maintain your registration and licence to practise
- Process complaints
- Compile statistics and undertake research
- Send you GMC guidance, news and other information.

Please write clearly in black ink and use capital letters

We may be asked to provide your registered address to the British Medical Association, medical defence organisations and medical Royal Colleges and faculties so that they can keep their records up to date. We will only do so where we are satisfied you are already a member. If you do **not** want us to give your registered address to these organisations, please tick here.

All registered doctors' Level 1 information will be published in the List of Registered Medical Practitioners on our website and made available to any enquirer. Level 1 information consists of registered doctors' reference number, gender, name, any former name, year and place of primary medical qualification, status on the Register, date of registration, licensing history, the date on which their annual retention fee is due, and any publicly available fitness to practise history.

We will provide Level 3 Information to the UK health departments, employers and other regulatory bodies. Level 3 information consists of registered doctors' Level 1 information plus, date of birth, photograph, passport details, registered address and whether a doctor is subject to investigation under the fitness to practise procedures.

Your personal details

| | |
|----------------------|----------------------|
| GMC reference number | <input type="text"/> |
|----------------------|----------------------|

I wish to change my name on the Medical Register from

| | |
|------------------------|----------------------|
| Family name or surname | <input type="text"/> |
| First name | <input type="text"/> |
| Other names | <input type="text"/> |

to

| | |
|------------------------|----------------------|
| Family name or surname | <input type="text"/> |
| First name | <input type="text"/> |
| Other names | <input type="text"/> |

| | | | |
|---------------|----------------------|--------|----------------------|
| Date of birth | <input type="text"/> | Gender | <input type="text"/> |
|---------------|----------------------|--------|----------------------|

Your contact details

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Full address | <input type="text"/> | | |
| Postcode | <input type="text"/> | Country | <input type="text"/> |
| Home telephone | Work telephone | Mobile telephone | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Email | <input type="text"/> | | |

Reason for changing name

| Type of change | Evidence of change (please tick one box only) | |
|---|--|--------------------------|
| You must submit original evidence. We do not accept photocopies. We do not accept deed poll certificates as evidence of a name change. | | |
| Change of family name on marriage | I have enclosed my original marriage certificate (together with an official English translation if appropriate) or a copy certified by the British Council or British Embassy | <input type="checkbox"/> |
| Change of family name back to maiden name | I have enclosed my original old and new passport or my original decree absolute and original PMQ or original birth certificate and original PMQ (together with an official English translation if appropriate) | <input type="checkbox"/> |
| Change of family name - other | I have enclosed my original old and new passport and an explanation as to why I wish to change my family name | <input type="checkbox"/> |
| Expansion of initials | I have enclosed my original passport confirming my full name | <input type="checkbox"/> |
| | I have enclosed an original letter from my medical school confirming my full name (together with an official English translation if appropriate) | <input type="checkbox"/> |
| | I have enclosed an original registration certificate from an overseas medical authority confirming my full name (together with an official English translation if appropriate) | <input type="checkbox"/> |
| Removal of a name | I have enclosed my original old and new passports showing my old and new names | <input type="checkbox"/> |
| Addition of a new first or middle name | I have enclosed my original old and new passports showing my old and new names | <input type="checkbox"/> |
| Addition of a name you have had since birth | I have enclosed my original birth certificate and original PMQ | <input type="checkbox"/> |
| Complete change of name | I have enclosed my original old and new passport and an explanation as to why I wish to change my name | <input type="checkbox"/> |

Please note that even if you have submitted the required documents in the past, you will need to submit them again with this application. For complete change of name further evidence may be required, please submit your old and new passports in the first instance. Please continue to use the name under which you are currently registered until we tell you that we have made the change you required.

Final Declaration

I request that the entry of my name in the Register be changed. I intend in future to act and be known by the new name noted above. In applying for my name to be changed on the Register, I agree to:

1. the General Medical Council (GMC) making any enquiries that it considers appropriate to establish my fitness to practise
2. the GMC, their agents Kroll Background Worldwide and Experian, their representatives, and any other agent that the GMC shall from time to time engage to carry out the checks on its behalf, making checks on my employment and qualifications, verifying the information I have given, conducting background enquiries and asking for, and checking, personal, academic and employer references
3. enquiries being made before and while I am registered, including enquiries overseas which may involve the transfer of my personal data outside the European Economic Area
4. the recipient of any enquiries providing the information requested
5. my personal data being given to my referees, government bodies and other third parties as may be reasonably necessary.

The information I have provided in my application is correct and true.

I understand that if I have made a false declaration, or given false information or provided false documentation in my application, or to support it, the GMC may withhold or remove my registration and licence to practise and/or report the matter to the police.

I understand that to protect the public, the GMC may share my registration and licensing information with UK and international regulators, public litigation and prosecution bodies and law enforcement organisations.

I confirm that I have read [Good Medical Practice](#) and understand that my actions may be judged against the standards and principles it contains.

Signature

Date

D D M M Y Y Y Y

Please sign your signature so that it matches the signature on your passport or identity card

Print name

Please also provide your usual signature and name using characters from your first language if applicable

Signature

Print name

This declaration must not be more than three months old at the time your application is granted. If for any reason your application is not processed within this time we may ask you to sign another declaration.