



**About the applicant's English proficiency**

Does the doctor have the knowledge of English necessary to practise in the UK?

Yes

No

If you have answered no, please provide reasons

### Speaking skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Case presentations	
<input type="checkbox"/>	Presentations	
<input type="checkbox"/>	Ward rounds	
<input type="checkbox"/>	Other	

### Listening skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Attendance at lectures/presentations	
<input type="checkbox"/>	Participation in case conferences	
<input type="checkbox"/>	Discussions with patients and colleagues	
<input type="checkbox"/>	Effective taking of patient histories	
<input type="checkbox"/>	Morbidity and mortality meetings	
<input type="checkbox"/>	Other	

This form was last updated on 14 June 2018

Please make sure that you are using the most up-to-date version of the form.  
Telephone us on 0161 923 6602 (or +44 161 923 6602 if calling from outside the UK)

## Writing skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Operation reports	
<input type="checkbox"/>	Ward round reports	
<input type="checkbox"/>	Journal articles	
<input type="checkbox"/>	Patient notes	
<input type="checkbox"/>	Article reviews	
<input type="checkbox"/>	Other	

## Reading skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Presentations at journal clubs	
<input type="checkbox"/>	Summaries of journal articles	
<input type="checkbox"/>	Clinical research	
<input type="checkbox"/>	Other	

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**Declaration**

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

I understand that the GMC will make any necessary checks to verify the information I have given, and share the information as may be reasonably necessary.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		

Name and address of organisation	Official stamp
<input type="text"/>	<input type="text"/>

**Returning the form to us**

By email: [regeeaman@gmc-uk.org](mailto:regeeaman@gmc-uk.org)

By fax: +44 161 923 6655

By post:       General Medical Council  
                  Registration Support Team (International)  
                  3 Hardman Street  
                  Manchester  
                  M3 3AW

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