

GMC Application Form

You should use this application form if

- **You have previously held registration with the GMC**

AND

You want to apply to restore your registration and have previously held one of the following:

- Provisional registration
- Full registration
- Full with GP registration
- Full with specialist registration

Please note: All doctors who want to practise medicine in the UK must hold both registration **and** a licence to practise. Should your application be granted, we will automatically issue you with a licence to practise unless you tell us you do not want one by ticking the box in section 2 of the 'Your application and licence to practise requirements' section.

Before submitting this application please see our applications guidance on our website.

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

For an explanation of how your information may be used, please see our privacy policy at www.gmc-uk.org/privacy-and-cookies

Before you complete this application

Please read the information below about the different ways of submitting your application and the evidence that you will need to provide in support of your application

Throughout this form a requirement for documentary evidence will be indicated by this symbol: ⓘ

As a minimum, you will need to submit

- Your passport
- Certificates of Good Standing for every medical regulatory authority with whom you have held registration in the last five years
- Provision of medical service statement from the current or most recent individual, organisation or body to whom you have provided medical services
- Translations of any documents that are not in English.

There may be further evidence required in support of your application depending on your circumstances. You can find more information about our evidence requirements on our [website \(www.gmc-uk.org\)](http://www.gmc-uk.org).

If you fail to provide the correct documentation with your application, it will be delayed.

For some of the questions in this form, we will require further information from you. Where asked to do so, please set out your answer on the supplementary information sheet provided at the end of the form, using the question code (eg PMQ1) to indicate which question you are answering.

You can submit your application by email

When we receive your application, we will assess it and verify the documentary evidence you have submitted. We normally aim to do this within five working days. We will then let you know if there is any other evidence we require before we can proceed with your application.

You must send us **copies** of all the evidence requested in this form. Once your evidence has been assessed and we've approved your application, you'll be invited to complete an identity check. Once we've verified your identity check we will grant you restoration to the Register.

Please make sure that all **copies** are clear and readable (make sure every word of the document is legible) and you copy both sides if there is any information on the reverse of the document.

You must make sure that you send **copies** of the pages of your passport that show your photograph and your signature.

Do not send any of your **original** documents through the post.

You must also pay the correct fee for this application. Please enclose your fee with your application. You can find information about fees on our website (<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/fees-and-funding>).

Please send this form and copies of your documents to: **verl@gmc-uk.org**

If you want to restore your registration with your first licence to practise – evidence requirements

It is important that you **read and understand** the information below **before** you complete your application and pay your fee.

Your application for restoration with a first licence is in **three** stages:

Stage 1: Assessing your application to restore your name to the register

When we have your application, we will look at it along with the photocopies of the evidence [documents requested in this form](#). We may need more evidence from you, if we do, we will email you and tell you what else we need.

Stage 2: Your licence to practise

We need to be satisfied you have the necessary knowledge of English to communicate effectively **before** we give you a licence. This is so you do not put the safety of your patients at risk. Communicating includes speaking, reading, writing and listening.

We **may** ask you to give us [evidence that you have the necessary knowledge of English](#). You can find more information about this on our website at www.gmc-uk.org/knowledgeofenglish

If we ask you for this evidence, and:

- you do not send it to us
- Or
- we are not satisfied with it

we will approve you for restoration **without** a licence.

You will not be able to practise medicine in the UK without a licence.

- If you give us your evidence **before** we complete the registration process (including verification of your [ID check](#) - see stage 3 below), and it meets our requirements, we will grant you both registration **and** a licence.

Or

- You can make a separate application for a licence to practise **after** you have completed an ID check and your restoration has been granted. You will still need to give us evidence of your knowledge of English if we have asked you for it before.

Stage 3: Completing the restoration process

Once we've assessed your evidence and approved your application, you'll be invited to complete an identity check. Once we've verified your identity check, we will grant you restoration to the Register.

If we grant you restoration **without** a licence, we will refund you the **licence part** of your application fee.

Please tick to confirm you have read and understood the information above



Your personal details

GMC reference number	<input type="text"/>	(If you do not have a GMC reference number, we will allocate you one when we receive your application.)
Family name or surname	<input type="text"/>	
First name	<input type="text"/>	
Date of birth	<input type="text"/>	Gender <input type="text"/>

Your contact details

Home telephone	Work telephone	Mobile telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email (this should be your main contact email address)	<input type="text"/>	
Full address	<input type="text"/>	
Postcode	Country	<input type="text"/>

Your primary medical qualification (In most cases your primary medical qualification is your first medical degree)

Full title of your primary medical qualification	Name and full address (including country) of the university (and college if appropriate) that awarded your qualification	Date degree started	Date degree finished	Date qualification awarded
		DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

Your application and licence to practise requirements

Section 1

I wish to have my name restored to the Register of medical practitioners (we will automatically grant you a licence to practise unless you tell us you do not want one by ticking the box in Section 2 below)		Tick one box only
a)	On the date this application is approved (subject to an identity check)	<input type="checkbox"/>
b)	With effect from <input type="text"/> (a future date). This date must be within three months of the date you sign this declaration.	<input type="checkbox"/>

Section 2

You only need to complete this section if you do not want a licence to practise	
c)	I do not want a licence to practise* <input type="checkbox"/>

*All doctors who want to practise medicine in the UK must hold both registration **and** a licence to practise.

Your medical service

Section 1

Please tick one of a or b, whichever is applicable.

Tick one box only

a) Within the last five years, I have provided medical services either as an employee, or under a contract or arrangement to provide such services. I have provided a statement (or statements) from the organisation(s) for which I completed my most recent three months of work in a medical capacity.	<input type="checkbox"/>
b) Within the last five years, I have not provided medical services either as an employee, or under a contract or arrangement to provide such services (you do not need to provide a statement).	<input type="checkbox"/>

Please note: We define an employer as any organisation (anywhere in the world) that a doctor is, or has been, employed by, contracted to, or has a current or previous arrangement with, to provide medical services.

Section 2

If you have ticked a) above please provide details of to whom you currently or most recently provided medical services.

Name of person, body or organisation			
Address of person, body or organisation			
Telephone number		Fax number	
Period	From		To
		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Your registration/licensing history

You must provide details of all the medical regulatory authorities where you have held registration or a licence to practise in the last five years. Failure to do so could significantly delay your application and/or put your future registration at risk. (If you need more space, please use the supplementary information sheet at the end of this form.)

Country	Medical regulatory authority	Start date	Finish date	Still registered/licensed?
		DD/MM/YYYY	DD/MM/YYYY	YES/NO
		DD/MM/YYYY	DD/MM/YYYY	YES/NO
		DD/MM/YYYY	DD/MM/YYYY	YES/NO

You will need to submit a certificate of good standing, or where appropriate, other evidence of your good standing, from each of the medical regulatory authorities that you have listed above.

The certificate of good standing must confirm that:

- you are entitled to practise medicine in the appropriate country AND
- you were not disqualified, suspended or prohibited from practising medicine AND
- the regulatory authority is not aware of any matters that call into question your good standing.

Certificates of good standing are only valid for three months from the date that they are issued.

If your certificate is not in English, then you will also need to provide a translation.

① Details of your experience for the last five years

<p>You must include the following information:</p> <ul style="list-style-type: none"> • All periods where you were engaged in medical practice • All periods when you were not engaged in medical practice including, alternative employment, clinical attachments, vacation, study leave, maternity leave, career break or unemployment. 	<p>For each post that you were engaged in medical practice you must indicate</p> <ul style="list-style-type: none"> • Whether employed (E) or self-employed (SE) • The grade/title of the post • The specialty of the post • Whether the post was full time (FT) or part time (PT) • If part time, the number of hours of clinical practice you undertook each week.
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You must provide details of *all* your work experience from the last five years (or from the date your qualification was awarded if this was less than five years ago). Failure to do so could significantly delay your application and/or put your future registration at risk.

Start date	Finish date	Name and location of hospitals where you have worked or details for when you were not engaged in clinical practice	Country	Engaged in medical practice? Yes/No	Employed (E) Or Self-Employed (SE)	Grade/Title of post	Specialty	PT/ FT	Hours of clinical practice per week
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Fitness to practise - your health

We need to ask you for information, so we can make sure you're fit to practise before we restore your registration.

Before you answer the questions, you should open our '[What to tell us when you apply](#)' tool. If you need help on a specific question, you should read our guide on '[What to tell us when you apply](#)'.

We only need to know about things that could affect your ability to work as a doctor or lower the public's confidence in doctors. The guidance will help you decide what you do and don't need to tell us about. In the past, we have refused to register doctors who have given us information that wasn't true or didn't tell us something they should have. But just because you tell us about something doesn't mean you can't join or re-join the register. We treat all the information you give us confidentially.

You only need to tell us about things that have happened since your last application.

If you need a hardcopy of the guide you can request one by calling 0161 923 6602 or email gmc@gmc-uk.org

I have read the guide that helps me answer these questions.

Your health

We register and license most doctors who tell us about a health condition they have. We need to make sure you are managing any health conditions effectively.

Code Please complete the declarations below by circling your answer **YES** or **NO** for each question.

H 1	<p>Has a medical school, university or employer raised concerns about how you managed a health condition, that led to a formal process?</p> <p>The formal process could be to support you, or to investigate the concerns. Usually a senior or HR manager, committee, hearing or similar decides what action to take after the process has finished.</p> <p>I'm not sure, show me the guide about managing health concerns. www.gmc-uk.org/hq1</p> <p>If you answered yes, tell us in the answer box below:</p> <ul style="list-style-type: none">• What the condition is, and how and when your management of it affected your medical practice or medical studies.• About the formal process, who was involved and what the outcome was.• Details of any treatment you've received.• The status of the condition now (eg resolved, being managed, treatment is ongoing).	YES/NO
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Has a medical school, university or employer raised concerns about how a health condition affected your ability to study or work as a doctor, that led to a formal process?

The formal process could be to support you, or to investigate the concerns. Usually a senior or HR manager, committee, hearing or similar decides what action to take after the process has finished.

H 2

I'm not sure, show me the guide about health concerns affecting study or practice.
www.gmc-uk.org/hq2

YES/NO

If you answered yes, tell us:

- What the condition is, how and when it affected your medical practice or medical studies.
- About the formal process you, who was involved, and what the outcome was.
- Details of any treatment you've received.
- The status of the condition now (for example, resolved, being managed, treatment is ongoing).

H 3	<p>Do you have a serious communicable disease?</p> <p>If you do, we just need to make sure you are following advice to make necessary changes to your practice before we register you.</p> <p>I'm not sure, show me the guide about serious communicable diseases. www.gmc-uk.org/hq3</p> <p>You don't need to tell us about time-limited, acute illnesses like chicken pox, measles, colds, flu or other conditions that resolve quickly on their own or with medical treatment.</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • What the condition is and how you are managing it. • Whether you have told your current or future employer, or your medical school/university if you had the condition while studying medicine. • Whether you have received independent medical advice and if you have, what treatment plan you are following • Whether you have received and are following the advice of your education or training provider or employer to minimise any risk to patients and colleagues. 	YES/NO
<p>Your fitness to practise</p> <p>Before you answer these questions, please remember to open our 'What to tell us when you apply' tool. If you need help on a specific question, you should read our guide on 'What to tell us when you apply'.</p> <p>Code Please complete the declarations below by circling your answer <input type="radio"/> YES or <input type="radio"/> NO for each question.</p>		
FTP1	<p>Have you been formally cautioned or convicted by the police or a court?</p> <p>If your caution or conviction is protected by law in the UK, answer no.</p> <p>I'm not sure, show me the guide about cautions and convictions. www.gmc-uk.org/ftpq1</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • The date of the caution or conviction and what the penalty was. • Details of the circumstances leading to the caution or conviction. • Whether you told your employer or medical school/university, and if so, what the outcome was. 	YES/NO

<p>FTP 2</p>	<p>Has any other action been taken against you by the police or a similar organisation?</p> <p>Read the guide before you answer this question as there are some actions you don't need to tell us about. For example, you don't need to tell us about fixed penalty notices.</p> <p>Show me the guide about other actions. www.gmc-uk.org/ftpq2</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • What the action was and the outcome. • Details of the circumstances leading to the action. • Whether you told your employer or medical school/university, and if so, what the outcome was. 	<p>YES/NO</p>
<p>FTP 3</p>	<p>Has a medical school or university raised concerns about your professionalism or behaviour, that led to a formal process?</p> <p>The formal process could be to support you, or to investigate the concerns. Usually a committee, hearing or similar decides what action to take after the process has finished.</p> <p>If you received a verbal warning that didn't lead to any action or an investigation against you, answer 'no'.</p> <p>I'm not sure, show me the guide about medical school concerns leading to a formal process. www.gmc-uk.org/ftpq3</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • About the issue that led to the concerns. • The name of the medical school or university that raised concerns. • About the formal process, who was involved and what the outcome was. 	<p>YES/NO</p>

<p>FTP 4</p>	<p>Has an employer raised concerns about your professional performance, professionalism or behaviour, that led to a formal process?</p> <p>The formal process could be to support you, or to investigate the concerns. Usually a senior or HR manager, committee, hearing or similar decides what action to take after the process has finished. This includes non-medical employers.</p> <p>If you received a verbal warning that didn't lead to any action or an investigation against you, answer 'no'.</p> <p>I'm not sure, show me the guide about employer concerns leading to a formal process. www.gmc-uk.org/ftpq4</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • About the issue that led to the concerns. • The name of the employer that raised concerns. • About the formal process, who was involved and what the outcome was. 	<p>YES/NO</p>
<p>FTP 5</p>	<p>Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?</p> <p>The organisation could be a regulator, an exam board, a coroner, a licensing organisation or a similar organisation. This includes non-medical organisations.</p> <p>I'm not sure, show me guide about investigations and refusals by organisations. www.gmc-uk.org/ftpq5</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • What the concerns were about. • The name of the organisation that investigated the concerns. • What the outcome of the investigation was. 	<p>YES/NO</p>

<p>FTP 6</p>	<p>Have you had a medical malpractice or negligence claim made against you that was settled out of court or upheld?</p> <p>If the claim is still ongoing answer 'yes'.</p> <p>I'm not sure, show me the guide about claims. www.gmc-uk.org/ftpq6</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • What the claim was for. • What the outcome of the claim was. 	<p>YES/NO</p>
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<p>FTP 7</p>	<p>Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK?</p> <p>I'm not sure, show me the guide about other concerns www.gmc-uk.org/ftpq7</p> <p>If you answered yes, tell us about the other concerns.</p>	<p>YES/NO</p>
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What happens next?

We will review the information you give on your application. If we need more information from you we will get in touch.

What if something changes?

After you've answered these questions, if something happens that could affect the answers you have given, please tell us as soon as you can.

Final Declaration

I understand that:

1. the General Medical Council (GMC) will make any enquiries it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent the GMC ask to carry out checks on its behalf, will make any necessary checks to verify the information I have given.
3. enquiries will be made before and while I am registered, including enquiries overseas, which may involve the transfer of my personal data outside of the European Economic Area.
4. the recipient of any enquires will provide the information requested.
5. my personal data will be 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 provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practise and 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 and law enforcement organisations.

I have read [Good medical practice](#). I understand that I must work in line with the principles and values set out in it and its explanatory guidance and have a duty to tell the GMC about any criminal or regulatory proceedings.

I acknowledge that serious or persistent failure to follow this guidance will put my registration at risk.

I have in place, or will have in place, at the point at which I practise in the UK, insurance and indemnity arrangements appropriate to the areas of my practice.

I confirm I understand and accept the statements in the Final Declaration

Signature

Date Signed

D D M M 2 0 Y Y

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

Your full name in
capital letters

GMC application supplementary information sheet

Please insert the question code in column below	Use this sheet to provide details as prompted in the application form. You can photocopy this sheet if you need more space.

Please return this form to us at: verl@gmc-uk.org

Failure to submit this document may result in our assessment of the doctor's application being delayed.

Provision of medical services statement

To be completed by the individual, body or organisation to whom the applicant currently has (or has had in the past) an arrangement to provide medical services. This includes individuals, bodies and organisations outside the United Kingdom. **Please note that if you were most recently working as a GP partner or GP principal, this form cannot be signed by your practice manager.** Please refer the form to another GP partner or GP principal, or a medical staffing officer at the Trust for completion.

Applicant's name																																		
GMC reference number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																	
Is the doctor currently providing a service to you and/or your organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																														
Period of service	From	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>						D	D	M	M	Y	Y	Y	Y	To	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>						D	D	M	M	Y	Y	Y	Y				
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Position(s) held by applicant																																		
A) Is/was the applicant working in a medical capacity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																														
B) Is/was the applicant required to hold registration with a medical regulator?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																														
If 'yes' Is/was the applicant also required to hold a licence with a medical regulator?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																														
If "yes," to B) please give the name of the relevant medical regulator																																		
If "no," please explain why registration or a licence with a medical regulator was not required																																		
Are you aware of any proceedings, act or omission on the part of the applicant which might render them liable to be referred to the General Council in relation to their conduct, health or performance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																														
If "yes," please provide details																																		

I confirm that the information I have given is true and accurate to the best of my knowledge.

Signature					Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>2</td><td>0</td><td>Y</td><td>Y</td> </tr> </table>						D	D	M	M	2	0	Y	Y
D	D	M	M	2	0	Y	Y												
Name					Position														
Telephone					Email														
Name and address of your organisation																			

Please be aware that a statement about the provision of medical service is a legal requirement for all doctors wishing to apply for a licence to practise or restore to, or be voluntarily removed from, the Register in the United Kingdom. For further information about this and other relevant legislation, please visit our website: <http://www.gmc-uk.org/about/legislation.asp>