

## GMC Application Form

You should use this application form if:

- **You currently hold registration without a licence to practise**

AND

- You want to apply for a licence to practise.

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

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](http://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: ①

As a minimum, you will need to submit

- A copy of your passport.
- Certificates of good standing for every medical regulatory authority with which you have held registration in the last five years (original or one sent directly from a Medical Regulator to the GMC).
- 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 copies of the evidence requested in this form.

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

Applying for a licence to practise will mean you will pay the higher annual retention fee. If you are restoring your licence to practise, we will send you a statement telling you how much your additional fee will be for the remainder of your registration year. You can find information about fees on our website ([www.gmc-uk.org/doctors/fees/index.asp](http://www.gmc-uk.org/doctors/fees/index.asp)).

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

## If this is your first licence to practise – evidence requirements

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

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

### Stage 1: Assessing your application

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](http://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 not approve your application for a licence.

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

### Stage 3: Completing the licence process

If we want you to complete an identity check we will send you an invitation.

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

#### Your personal details

GMC reference number	<input type="text"/>																					
Family name or surname	<input type="text"/>																					
First name	<input type="text"/>																					
Other names	<input type="text"/>																					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="text"/>

#### Your contact details

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

#### Your application

I wish to apply for a licence to practise to commence:			Tick one box only
a)	On the date this application is approved		<input type="checkbox"/>
b)	With effect from <input type="text"/> (a future date up to 3 months in advance).		<input type="checkbox"/>

## 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 (anywhere in the world) 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 (anywhere in the world) 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"/>

## 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"/>	<input type="text"/>

### 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, even if you have not worked there. **Failure to do so could significantly delay your application and/or put your future registration at risk.** You do not need to include the GMC. (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

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

### Declaration of fitness to practise

Your declaration of fitness to practise will be valid for three months. If your declaration expires before your application is complete we will ask you to complete a new one before we grant your application.

You should read our guide before you answer the question below. [www.gmc-uk.org/declaration-tool](http://www.gmc-uk.org/declaration-tool)

If your personal circumstances change in ways that affect this declaration, you must complete a new Declaration of Fitness to Practise immediately. If you do not provide accurate and truthful information, we may refuse your application.

When answering FTP1, please do not disclose any information about cautions and convictions that are protected. If you are unsure whether an issue is relevant when answering all other questions, you should disclose the information and provide full details.

- 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. Please see our [website](#) for further information about evidence of your good standing and translations.

**Please complete the declaration below by circling your answer YES or NO to the question below.**

<b>Are you aware of any proceedings, act or omission on your part which might render you liable to be referred to the GMC for investigation or consideration of your fitness to practise.</b>	<b>YES/NO</b>
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If your personal circumstances change in ways that affect this declaration, you must complete a new Declaration of Fitness to Practise immediately. If you do not provide accurate and truthful information, we may refuse your application.

When answering FTP1, please do not disclose any information about cautions and convictions that are protected. If you are unsure whether an issue is relevant when answering all other questions, you should disclose the information and provide full details.

**If you have answered 'yes', you must provide full details on the supplementary information sheet later in this form. You should provide a statement relating to the matter, and include any relevant dates, as well as confirming the outcome of any proceedings or investigations taken against you (if applicable).**

<p>For health conditions, please tell us:</p> <ul style="list-style-type: none"> <li>What the condition is</li> <li>How it has affected you and how you are managing it</li> <li>If you are working, whether you have told your current or future employer.</li> </ul>	<p>If you're telling us about something else, please give the following details:</p> <ul style="list-style-type: none"> <li>What happened and when</li> <li>What your involvement was</li> <li>What action was taken against you and what the outcome was.</li> </ul>
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**Your recent professional experience**

Please list your work history covering the last five years. You should include **all** periods of:

- Medical service
- Non-medical work
- Extended leave/vacation
- Maternity/paternity leave
- Training/study

You must add **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).

You also need to account for any periods when you were unemployed or not engaged in medical practice, for example, extended holidays or maternity/paternity leave.

Failure to do so could significantly delay your application and/or put your future registration at risk.

**Please note that your application may be delayed if you do not include a full work history.**

Start date	Finish date	Details of activity including employer address (where applicable)	Country	Engaged in medical practice
DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>
DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>
DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>

DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>
DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>
DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>
DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>
DD/MM/YYYY	DD/MM/YYYY			<input type="checkbox"/>

## 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

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.

**GMC application supplementary information sheet**

If you have answered yes to the declaration question above, please provide additional information in the box below.

Empty box for providing additional information.

Please return this form to us at: [verl@gmc-uk.org](mailto: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><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><td></td><td></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><td></td><td></td> </tr> </table>								D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y																																		
D	D	M	M	Y	Y	Y	Y																																		
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																																									
<b>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?</b>											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><td></td><td></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>



