

# IA1SE

## GMC application form

### Team doctors for sports events

General  
Medical  
Council

You should use this application form if:

- You are visiting the UK for a temporary period as a Team Doctor to provide particular medical services, at a sports event, exclusively to persons who are not nationals of the United Kingdom and are members of your delegation.

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

**Please write clearly in black ink and use capital letters**

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, 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.

## **Before you complete this application please read the information below**

### **Temporary full registration with a licence to practise**

This type of registration is only available to Team Doctors who are participating in sports events for the purpose of providing particular medical services exclusively to non-UK nationals who are members of your delegation participating at the sports event.

### **Application Form**

Please complete all boxes. The form must be signed and dated.

### **Evidence in support of your application**

As a minimum, you will need to submit the following documents to us:

- Copy of your primary medical qualification
- Copy of your licence to practise from the State where you are ordinarily resident
- A Certificate of Good Standing from the medical regulatory authority with whom you are currently registered
- A copy of translations of any documents that are not in English
- Copy of your passport (the picture and signature pages)
- European doctors – accompanying certificates and compliancy letters as listed in our list of [recognised European qualifications](#)

### **Submitting your application**

**You will scan and email copies of these documents as one PDF or zip file to: [sportsevents@gmc-uk.org](mailto:sportsevents@gmc-uk.org)**

**Incomplete application forms and missing evidence will delay your application for registration.**

### **Important Recommendation – Professional Indemnity Insurance**

Professional indemnity insurance covers doctors against clinical negligence claims. We strongly recommend that you have appropriate cover in place while you are in the UK. Please ensure that you have insurance indemnity that covers you to work in clinical practice in the UK (e.g. provide diagnosis, assessment or treatment of a medical nature).

## Your personal details

GMC reference number	<input type="text"/>	If you do not have a GMC reference number we will allocate you one
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"/>	Gender <input type="text"/>
Nationality	<input type="text"/>	
Name of country team you are representing at the event(s)	<input type="text"/>	
Have you ever applied for, or previously held registration in the UK? (If yes, please make sure you have entered your GMC reference number above.)	yes <input type="checkbox"/>	no <input type="checkbox"/>

## 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"/>	

## Your primary medical qualification

In most cases, your primary medical qualification is your first medical degree.

Full title of your primary medical qualification		<input type="text"/>					
Name and address (including country) of the university (and college if appropriate) that awarded your qualification							
<input type="text"/>							
Date degree started	<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"/>
Date degree finished	<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"/>
Date qualification awarded	<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"/>
You must provide evidence of your primary medical qualification. If your certificate is not in English, then you will also need to provide a translation.							

## Further information about your primary medical qualification

Have you studied for your <b>primary medical qualification</b> at any medical school other than the one that awarded the qualification? Please do not enter details of postgraduate training or study <i>(If yes please provide details below)</i>				yes	<input type="checkbox"/>	no	<input type="checkbox"/>
Other medical schools you have attended	Country	Date training started	Date training finished				
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>				
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>				
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>				
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>				
Has any part of your primary medical qualification been undertaken by remote or distance learning (for example a period of study undertaken solely by internet or through correspondence-based learning)?				yes	<input type="checkbox"/>	no	<input type="checkbox"/>
<i>(If yes please provide details in the additional details section of this form)</i>							
Is your primary medical qualification acceptable for the purpose of registration in the country that awarded your qualification?				yes	<input type="checkbox"/>	no	<input type="checkbox"/>
<i>(If no please provide details in the additional details section of this form)</i>							
Is your primary medical qualification in allopathic medicine (as opposed to traditional, Ayurvedic medicine)?				yes	<input type="checkbox"/>	no	<input type="checkbox"/>

## Your current post overseas

Grade or title of your current post	<input type="text"/>
Branch or branches of medicine	<input type="text"/>
Name and address (including country) of the hospital or institution	
<input type="text"/>	
Does the state or country you currently work in require you to hold a licence to practise?	yes <input type="checkbox"/> no <input type="checkbox"/>

## Details of the medical services to be provided in the UK

I intend to provide medical services at the following event(s):

Event	Start date	End date
<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"/>
If you are coming to the UK before the dates above with your team please enter here	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
<input type="text"/>	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

Important: If registration is granted, it does not give a guarantee that any future period of UK registration you apply for will be granted.

## Your current registration overseas

Please give details below of the medical regulatory authority that you are currently registered with

Name and address (including country) of medical regulatory authority	
<input type="text"/>	
Registration number	<input type="text"/>
Date of first registration	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
You will need to submit a Certificate of Good Standing (CGS) or, where appropriate, other evidence of your good standing from the medical regulatory authority that you are currently registered with above. The Certificate of Good Standing <b>must be an original</b> and confirm that	
<ul style="list-style-type: none"><li>• you are entitled to practise medicine in the appropriate country AND</li><li>• you were not disqualified, suspended or prohibited from practising medicine AND</li><li>• the regulatory authority is not aware of any matters that call into question your good standing.</li></ul>	
Certificates of Good Standing are only valid for six months from the date that they are issued. If your certificate is not in English, then you will also need to provide a translation	

## Fitness to practise - your health

We need to ask you about your health, which in some cases might include a disability. We need to know whether your health could affect your fitness to practise. Just because you tell us something about your health it does not necessarily mean that your fitness to practise is impaired. By telling us we will be able to assess and confirm that you are fit to practise or in a small number of cases we may need to make further investigations.

You **must** read our [guidance on declaring health issues](#) which includes [the relevant section of \*Good medical practice\*](#).

**Please tick to confirm you have read and understood the guidance on declaring health matters**

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

H 1	<p><b>Has a medical school, university or employer raised concerns about how you managed a health condition that led to a formal process?</b></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.  <a href="http://www.gmc-uk.org/hq1">www.gmc-uk.org/hq1</a></p> <p><b>If you answered yes, tell us in the answer box below:</b></p> <ul style="list-style-type: none"> <li>• What the condition is, and how and when your management of it affected your medical practice or medical studies.</li> <li>• About the formal process, who was involved and what the outcome was.</li> <li>• Details of any treatment you've received.</li> <li>• The status of the condition now (eg resolved, being managed, treatment is ongoing).</li> </ul>	YES/NO
H 2	<p><b>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?</b></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 health concerns affecting study or practice.  <a href="http://www.gmc-uk.org/hq2">www.gmc-uk.org/hq2</a></p> <p><b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• What the condition is, how and when it affected your medical practice or medical studies.</li> <li>• About the formal process, who was involved, and what the outcome was.</li> <li>• Details of any treatment you've received.</li> <li>• The status of the condition now (eg resolved, being managed, treatment is ongoing).</li> </ul>	YES/NO

H 3	<p><b>Do you have a serious communicable disease?</b>          If you do, we just need to make sure you are following advice to make necessary changes to your practice before we register you.          I'm not sure, show me the guide about serious communicable diseases.  <a href="http://www.gmc-uk.org/hq3">www.gmc-uk.org/hq3</a>          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><b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• What the condition is and how you are managing it.</li> <li>• Whether you have told your current or future employer, or your medical school/university if you had the condition while studying medicine.</li> <li>• Whether you have received independent medical advice and if you have, what treatment plan you are following</li> <li>• 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.</li> </ul>	YES/NO
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**If you answered 'Yes' to any of the above questions, please give details, under the relevant headings below, on the supplementary information sheet at the end of this form.**

- The nature of your mental or physical health condition or disability where relevant.
- Where changes were required who advised you to make them (It may have been your medical school, foundation school, an Occupational Health Service, your treating physician or someone else) and whether you initiated the process of deciding on adjustments.
- Brief details of the changes you were advised to make. If you asked for changes yourself, please also provide details
- Whether you have complied with the required/recommended changes
- Brief details of any interruptions/breaks in your medical practice or studies, including duration and the arrangements for your return
- Brief details of any conditions/undertakings placed on your medical practice, training or registration
- The body or organisation that imposed those conditions or undertakings
- The duration of any conditions or undertakings and whether they are still in place or how they were resolved
- Details of any fitness to practise proceedings relating to your health condition whether in the UK or overseas (including the organisation(s) involved). This includes medical school fitness to practise procedures or equivalent.

We will contact you if we need more information.

## Declaration of fitness to practise

Code

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

FTP1	<p><b>Have you been formally cautioned or convicted by the police or a court?</b>          If your caution or conviction is protected by law in the UK, answer no.          I'm not sure, show me the guide about cautions and convictions.  <a href="http://www.gmc-uk.org/ftpq1">www.gmc-uk.org/ftpq1</a></p> <p><b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• The date of the caution or conviction and what the penalty was.</li> <li>• Details of the circumstances leading to the caution or conviction.             <ul style="list-style-type: none"> <li>• Whether you told your employer or medical school/university, and if so, what the outcome was.</li> </ul> </li> </ul>	YES/NO
FTP 2	<p><b>Has any other action been taken against you by the police or a similar organisation?</b>          Read the guide before you answer this question as there are some actions you don't need to tell us about. For example, you <b>don't</b> need to tell us about fixed penalty notices.          Show me the guide about other actions.  <a href="http://www.gmc-uk.org/ftpq2">www.gmc-uk.org/ftpq2</a></p> <p><b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• What the action was and the outcome.</li> <li>• Details of the circumstances leading to the action.</li> <li>• Whether you</li> </ul>	YES/NO
FTP 3	<p><b>Has a medical school or university raised concerns about your professionalism or behaviour that led to a formal process?</b>          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.          If you received a verbal warning that didn't lead to any action or an investigation against you, answer 'no'.          I'm not sure, show me the guide about medical school concerns leading to a formal process.  <a href="http://www.gmc-uk.org/ftpq3">www.gmc-uk.org/ftpq3</a></p> <p><b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• About the issue that led to the concerns.</li> <li>• The name of the medical school or university that raised concerns.</li> <li>• About the formal process, who was involved and what the outcome was.</li> </ul>	YES/NO
FTP 4	<p><b>Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?</b>          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.          If you received a verbal warning that didn't lead to any action or an investigation against you, answer 'no'.          I'm not sure, show me the guide about employer concerns leading to a formal process.  <a href="http://www.gmc-uk.org/ftpq4">www.gmc-uk.org/ftpq4</a></p> <p><b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• About the issue that led to the concerns.</li> <li>• The name of the employer that raised concerns.</li> <li>• About the formal process, who was involved and what the outcome was.</li> </ul>	YES/NO



FTP 5	<p><b>Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?</b>  The organisation could be a regulator, an exam board, a coroner, a licensing organisation or a similar organisation. This includes non-medical organisations.  I'm not sure, show me the guide about investigations and refusals by organisations.  <a href="http://www.gmc-uk.org/ftpq5">www.gmc-uk.org/ftpq5</a>  <b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• What the concerns were about.</li> <li>• The name of the organisation that investigated</li> </ul>	YES/NO
FTP 6	<p><b>Have you had a medical malpractice or negligence claim made against you that was settled out of court or upheld?</b>  If the claim is still ongoing answer 'yes'.  I'm not sure, show me the guide about claims.  <a href="http://www.gmc-uk.org/ftpq6">www.gmc-uk.org/ftpq6</a>  <b>If you answered yes, tell us:</b></p> <ul style="list-style-type: none"> <li>• What the claim was for.</li> <li>• What the outcome of the claim was.</li> </ul>	YES/NO
FTP 7	<p><b>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?</b>  I'm not sure, show me the guide about other concerns.  <a href="http://www.gmc-uk.org/ftpq7">www.gmc-uk.org/ftpq7</a>  <b>If you answered yes,</b> tell us about the other concerns.</p>	YES/NO

**If you have answered Yes to any of the questions, you must provide full details on the supplementary information sheet at the end of this form.**

If you have any cautions or convictions issued by a court of law, and these are not protected under the amendment to the Exceptions Order 1975 you must tell us the date of the caution or conviction, the name and address of the court or police authority and what penalty was imposed.



For cautions and convictions that are not protected you will need to supply evidence. We will accept a caution note, conviction notice or a recent Disclosure and barring Service report. We will then make further enquiries and may contact you for more information. We may, where appropriate, ask you to provide evidence of fixed penalty notices, penalty notices for disorder, or harassment notices. **(Please note, you do not need to declare, or supply evidence of, any road traffic offences where you have accepted the option of paying a fixed penalty notice.)** It is likely your application will take longer to process than normal.

If this declaration is more than three months old, we may ask you to complete a new one before we grant your application.

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.

Please read our guidance on the declaration of fitness to practise at [www.gmc-uk.org/ftpdec](http://www.gmc-uk.org/ftpdec) before you continue. 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.



## 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, public litigation and prosecution bodies 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 time at which I practise in the UK, insurance or indemnity arrangements appropriate to the areas of my practice.

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

Signature

Date

2 0

**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.

**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. Please use the columns to help you set out your answer where appropriate. You can photocopy this sheet if you need more space.			