IMG2

General Medical Council

GMC Application Form

You should use this application form if

- **You graduated from a medical school outside the UK**

AND

- **You want to apply for provisional or full registration**

AND

- **You have passed Part 2 of the PLAB exam.**

Please note, if you are applying for full registration with a licence to practise, you are required by law to work in a GMC approved practice setting until your first revalidation.

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
- 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

In accordance with the data protection legislation, we at the GMC ensure that we handle personal data with the utmost care. We have a privacy policy in place to allow data subjects like yourself to be fully aware of how we handle your personal information. If you would like to read our privacy notice, please visit Privacy and cookies - GMC (https://www.gmc-uk.org/privacy-and-cookies)

Before you complete this application

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

If you have not completed your internship please leave that section of the form blank.

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

You should have brought evidence of identity (passport) to the PLAB exam.

You will now need to submit:

- Your primary medical qualification
- Evidence of English language capability
- Certificates of good standing for every medical regulatory authority with whom you have held registration and/or a licence to practise in the last five years
- Evidence of your internship either overseas or in the UK (if you are applying for full registration)
- Translations of any of those certificates that are not in English (we can only accept translations made by an official translator).
-

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

Please scan and email copies of these documents and application form as one PDF or zip file to: img@gmc-uk.org

All copies **must be** clear and readable (make sure every word of the document is legible). You must send us both sides of the documents, if there is any information on the reverse.

Important note - You should only send the documents listed above. If we need any further documents or information from you we will ask you to send this once we have fully assessed your application.

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

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.

Fees

Please pay the correct fee when you submit your application by calling 0161 923 6602 (or +44 161 923 6602 if calling from outside the UK). You can find more information about fees on our website (www.gmc-uk.org/doctors/fees/index.asp).

If, after you have submitted your application and paid your fee:

- *you **withdraw** your application, or*
- *it is **unsuccessful**, or*
- *we **close** it because you have failed, within the timescales we have given you, to:*
    - *respond to our requests for evidence, or*
    - *complete an identity check,*

*we may refund the fee you paid **less** a scrutiny fee for the work we have already completed on your application.*

For full details of our current fees please see our fees page (www.gmc-uk.org/fees). Our current scrutiny fee can be found at: www.gmc-uk.org/doctors/fees.asp#ScrutinyFee

Before you submit your application and pay your fee, you should be sure you intend to complete the process with us or are willing to pay the scrutiny fee if you do not.

Identity check

If you did not complete an identity check when you took your PLAB exam, you will need to complete one once we have assessed your application. We cannot grant you registration until you have completed an identity check (https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/guidance-on-identity-checks/how-do-i-complete-my-identity-check-using-the-app).

What happens next?

When we receive your application and payment, we'll assess it and verify the documentary evidence you have submitted. We aim to do this within five working days. We'll let you know if there is any other evidence we need, including any **original** documents that we may need you to post to us.

If you have already completed an identity check within the last two years, when your application is complete, we'll grant your registration.

Your personal details

GMC reference number		(If you do not have a GMC reference number, we will allocate you one when we receive your application.)	
Family name or surname			
First name			
Other names			
Date of birth	D D M M Y Y Y Y	Gender	

Your contact details

Full address			
Postcode		Country	
Home telephone		Work telephone	Mobile telephone
Email			

Your nationality and passport details (or identity card details, providing it clearly states your nationality)

Nationality			
Passport (or identity card) number			
City or town of issue		Country of issue	
Date of issue	D D M M Y Y Y Y	Date of expiry	D D M M Y Y Y Y

You will need to provide a copy of your passport or identity card.

ⓘ Refugee status

I am a refugee doctor and enclose a letter as evidence from the Home Office of my status in the UK stating that I have been given one of the following:

a)	Refugee status and I am recognised as a refugee under the 1951 UN convention	☐
b)	Indefinite leave to remain in the UK (with refugee status)	☐
c)	Indefinite leave to enter (with refugee status)	☐
d)	Exceptional leave to remain in the UK (granted prior to 1 April 2003)	☐
e)	Humanitarian leave to remain (Also known as humanitarian protection. Granted on or after 1 April 2003)	☐
f)	Discretionary leave to remain (With no restrictions on working, granted on or after 1 April 2003)	☐

You will need to submit your letter from the Home Office confirming your refugee status.

The PLAB test

I passed Part 2 of the PLAB test on	D D M M Y Y Y Y

Job start date

If you already have a job offer, please write your start date here	D D M M Y Y Y Y

Type of registration

Please choose one option below		
a)	I have completed my internship overseas and I am applying for full registration with a licence to practise	☐
b)	I have not completed my internship and I am applying for provisional registration with a licence to practise	☐
c)	I currently hold provisional registration and I am applying for full registration with 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.

ⓘ **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

You must provide a copy of your primary medical qualification.

Primary Source Verification of medical qualification

You will need to have your primary medical qualification independently verified before we can **grant** your registration with a licence to practise If you are applying for:

Provisional registration

OR

Full registration and have not held provisional registration.

You must provide us with a valid MyIntealth ID and have sent your primary medical qualification for verification in order to **submit** your application. By entering your MyIntealth ID you understand that ECFMG, a division of Intealth, and the GMC will share information about any qualification you have submitted for verification.

Please contact us if you need more information about this process.

Please enter your unique 9-digit MyIntealth account number (MyIntealth ID) e.g. 600000000	

Code **Further information about your primary medical qualification**

PMQ1	Have you studied for your primary medical qualification at any medical school other than the one that awarded the qualification? (If yes please provide details below)		YES/NO
	Other medical schools you have attended	Date training started	Date training finished
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY

		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY

PMQ2	Has any study leading to the award of your primary medical qualification been undertaken either by online learning, or at an institution outside of the country where your primary medical qualification was awarded (theoretical study or clinical experience)? (If yes please provide details on the supplementary information sheet at the end of this form)	YES/NO
PMQ3	Does your primary medical qualification allow you to hold registration to practise medicine in the country of the awarding body and/or allow you to undertake a period of post-graduate clinical training (typically called a post-graduate internship) in that country? (If no please provide details on the supplementary information sheet at the end of this form)	YES/NO

ⓘ **Internship details**

My internship was	Pre-graduate	☐	
	Post-graduate	☐	

Please provide details of each rotation below

Start date	Finish date	Specialty (E.g. surgery)	Hospital
D D M M Y Y Y Y	D D M M Y Y Y Y		
D D M M Y Y Y Y	D D M M Y Y Y Y		
D D M M Y Y Y Y	D D M M Y Y Y Y		
D D M M Y Y Y Y	D D M M Y Y Y Y		

i	**English language declaration** - Please tick one option below	
a)	I have achieved the required score in the **academic** International English Language Testing System (IELTS) examination. Please enter your test report form (TRF) number. If you have taken One Skill Retake, you need to enter this TRF number.	☐
b)	I have achieved the required score in the Occupational English Test (OET) (**medicine version**). Please enter your candidate number as it appears on your statement of results in the space below. If your candidate number is eight digits leave a space in the middle of the numbers.	☐

c)	I am a new graduate and obtained my primary medical qualification (PMQ) from a university where the language of instruction and examination is English.	☐
d)	I am not a new graduate and obtained my PMQ from a university where the language of instruction and examination is English and have practised continuously for the two years immediately preceding this application in a country where the first or native language is English.	☐
e)	I have passed an English language test for the purposes of obtaining registration with one of the medical regulatory authorities indicated on your website and I have continuously practised in that country for the two years immediately preceding this application.	☐

You must provide evidence to prove your English language declaration. Please see our website (http://www.gmc-uk.org/doctors/join_the_register/language_proficiency.asp) for more information.

Details of your experience for the last five years

You must include the following information: • All periods in the last five years where you were engaged in medical practice • All periods in the last five years when you were not engaged in medical practice including, alternative employment, clinical attachments, vacation, study leave, maternity leave, career break or unemployment.		For each post that you were engaged in medical practice you must indicate • 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.

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
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								

Details of your experience for the last five years (continued)

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
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								
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DD/MM/YYYY	DD/MM/YYYY								
DD/MM/YYYY	DD/MM/YYYY								

⓵ 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?	CGS enclosed?
		DD/MM/YYYY	DD/MM/YYYY	YES/NO	YES/NO
		DD/MM/YYYY	DD/MM/YYYY	YES/NO	YES/NO
		DD/MM/YYYY	DD/MM/YYYY	YES/NO	YES/NO

You will need to submit a Certificate of Good Standing (CGS), 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 (we can only accept translations directly from the original language into English made by an official translator).

You can arrange for the medical regulatory authority to send your certificate directly to us. If you have made this arrangement, please circle "NO" in the column "CGS enclosed" in the table above.

Please see our website (www.gmc-uk.org) for further information about evidence of your good standing and translations.

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 (https://www.gmc-uk.org/registration-and-licensing/join-our-registers/what-to-tell-us-when-you-apply-guide) which includes the relevant section of *Good medical practice* (http://www.gmc-uk.org/guidance/good_medical_practice/your_health.asp).

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

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.

Code		
H 1	**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. I'm not sure, show me the guide about health concerns affecting study or practice. www.gmc-uk.org/hq2 **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, 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

H 2	**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. I'm not sure, show me the guide about health concerns affecting study or practice. www.gmc-uk.org/hq2 **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, 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

Your fitness to practise

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

FTP1	**Have you been formally cautioned or convicted by the police or a court?** 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. www.gmc-uk.org/ftpq1 **If you answered yes, tell us:** • 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

FTP 2	**Has any other action been taken against you by the police or a similar organisation?** 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. Show me the guide about other actions. www.gmc-uk.org/ftpq2 **If you answered yes, tell us:** • What the action was and the outcome. • Details of the circumstances leading to the action. • Whether you	YES/NO
FTP 3	**Has a medical school or university raised concerns about your professionalism or behaviour that led to a formal process?** 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. www.gmc-uk.org/ftpq3 **If you answered yes, tell us:** • 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.	YES/NO

FTP 4	**Has an employer raised concerns about your professional performance, professionalism or behaviour 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. 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. www.gmc-uk.org/ftpq4 **If you answered yes, tell us:** • 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.	YES/NO
FTP 5	**Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?** 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. www.gmc-uk.org/ftpq5 **If you answered yes, tell us:** • What the concerns were about. • The name of the organisation that investigated	YES/NO
FTP 6	**Have you had a medical malpractice or negligence claim made against you that was settled out of court or upheld?** If the claim is still ongoing answer 'yes'. I'm not sure, show me the guide about claims. www.gmc-uk.org/ftpq6 **If you answered yes, tell us:** • What the claim was for. • What the outcome of the claim was.	YES/NO

FTP 7	**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?** I'm not sure, show me the guide about other concerns. www.gmc-uk.org/ftpq7 **If you answered yes**, tell us about the other concerns.	YES/NO

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.

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, public litigation and prosecution bodies and law enforcement organisations.

I have read *Good medical practice* (https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/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 or indemnity arrangements, appropriate to the areas of my practice

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

Signature		Date	D	D	M	M	2	0	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.

PR1

General Medical Council

Provisional registration declaration. Please only complete this page if you are applying for provisional registration.

Provisional registration with a licence to practise enables you to participate in an acceptable programme for provisionally registered doctors.

The only acceptable programme for provisionally registered doctors that we recognise is the Foundation Programme. This is a 12 month programme which meets the *Outcomes for provisionally registered doctors*.

Your university will award you a Certificate of Experience upon successful completion of the programme – you cannot apply for full registration without this certificate. If you plan to complete your training overseas, your medical school **must** approve this in advance. If they don't, you won't be able to apply for full registration.

Provisionally registered doctors must only take up F1 posts in the Foundation Programme.

If you are appointed to a Locum Appointment for Training (LAT) post, your foundation school must be involved in recruiting you to that post and it must lead to the award of a Certificate of Experience.

You **must not** undertake locum appointments for service (LAS) posts while provisionally registered.

Under *Good medical practice* (http://www.gmc-uk.org/guidance/good_medical_practice.asp) all registered doctors must keep up to date with and adhere to the laws and codes of practice relevant to your work. This includes working within the scope of your registration and only undertaking posts that your registration allows. Failure to follow *Good medical practice* will put your registration at risk.

I confirm that I have read this declaration and understand the entitlements of provisional registration.

Signature

Date | D | D | M | M | 2 | 0 | Y | Y |

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.			