

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 the Directive¹

Submitting your application

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

Or you can post to:

International Applications sports events
General Medical Council
3 Hardman Street
Manchester
United Kingdom
M3 3AW

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).

¹ [The Directive on Recognition of Professional Qualifications](#)

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"/> <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"/> <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"/> <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 primary medical qualification 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"/>
If you are coming to the UK before the dates above with your team please enter here	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>

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 **must be an original** and 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 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	I have, or have had, a health condition(s) which required me to change one or more aspect(s) of my medical training or practice, to enable me to work safely with patients or to continue my training.	YES/NO
H 2	I have, or have had, a health condition which has resulted in an interruption to or breaks in my medical practice or studies, including retaking any part of my course or assessments/exams.	YES/NO
H 3	I have, or have had, a health condition(s) which has resulted in conditions being placed or undertakings being agreed in relation to my medical practice, training or registration.	YES/NO
H 4	I have, or have had, a health condition(s) which has been considered under fitness to practise proceedings whether in the UK or overseas	YES/NO
H 5	Is there anything about your physical or mental health which could prevent you meeting the standards described in our guidance?	YES/NO

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>Do you have any cautions or convictions, which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a court of law in the UK or in any other country?</p> <p>You must include:</p> <ul style="list-style-type: none"> Any cautions or convictions in the UK or another country that have been spent under the Rehabilitation of Offenders Act 1974 UNLESS they are a 'protected' conviction or caution See our guidance for details at www.gmc-uk.org/SpentConv/. Any road traffic convictions or cautions (You do not need to declare any road traffic offences where you have accepted the option of paying a fixed penalty notice) Any offences for which you have been convicted in a military court or tribunal. 	YES/NO
FTP 2	<p>Have you ever been issued with a fixed penalty notice in the UK or another country? (You do not need to declare any road traffic offences where you have accepted the option of paying a fixed penalty notice)</p>	YES/NO
FTP 3	<p>Have you ever been issued with a penalty notice for disorder, or harassment notice, in the UK or another country?</p>	YES/NO
FTP 4	<p>Have you ever been suspended from duty, or had a complaint upheld or your registration or licence to practise removed while working as a medical practitioner, or health or social care professional, in the UK or another country?</p>	YES/NO
FTP 5	<p>Have you ever been refused registration or a licence to practise by any medical, health or social care regulator in the UK or another country?</p>	YES/NO
FTP 6	<p>Have you ever been fined, given a warning or reprimanded by any medical, health, social care or any other regulator in the UK or another country?</p>	YES/NO
FTP 7	<p>Are you aware of any aspect of your conduct and/or capability that might raise a question about your fitness to practise as a doctor in the UK?</p>	YES/NO
FTP 8	<p>Have you ever entered into a settlement as a result of medical malpractice or a negligence claim?</p>	YES/NO
FTP 9	<p>Has a medical school or university ever taken any form of disciplinary action and/or fitness to practise procedures against you?</p>	YES/NO
FTP 10	<p>Has an employer ever taken disciplinary action against you?</p>	YES/NO

FTP 11	Do you know of any reason why the medical regulatory authority in any of the countries where you have worked since qualifying as a doctor would refuse to grant you a certificate of good standing?	YES/NO
FTP 12	Are there, or do you know of, any current or future proceedings or other matters that might lead to your registration or licence to practise in any country being removed, suspended or restricted in any way?	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 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

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.

