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
**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:
- 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).
- Original provision of medical service statement from the current or most recent individual, organisation or body to whom you have provided medical services.
- Original 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, we will tell you which original documents we need to receive once we have assessed your copies..

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.

Please note there is also a processing fee for this application. 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

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**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.

If we ask you for this evidence, and:
- you do not send it to us
- 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
You will need to bring the original versions of all your documents we have assessed, including any English translations, to your identity check (if we ask you to attend one). If we want you to attend an identity check we will send you an invitation and tell you all the original documents we need to see.

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

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<thead>
<tr>
<th>Your personal details</th>
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<tr>
<td>GMC reference number</td>
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<tr>
<td>Family name or surname</td>
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<tr>
<td>First name</td>
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<tr>
<td>Other names</td>
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<tr>
<td>Date of birth</td>
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<tr>
<td>Gender</td>
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<tr>
<th>Your contact details</th>
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<tr>
<td>Home telephone</td>
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<tr>
<td>Work telephone</td>
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<tr>
<td>Mobile telephone</td>
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<tr>
<td>Email (this should be your main contact email address)</td>
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<tr>
<td>Full address</td>
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<tr>
<td>Postcode</td>
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<tr>
<td>Country</td>
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<table>
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<th>Your application</th>
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<tr>
<td>I wish to apply for a licence to practise to commence:</td>
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<tr>
<td>a) On the date this application is approved</td>
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<tr>
<td>b) With effect from DDMMY (a future date up to 3 months in advance).</td>
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</table>
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. |
| 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). |

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

Your registration/licensing history

Please list below details of all the medical regulatory authorities where you have held registration or a licence in the last five years as a doctor. (If you need more space, please use the supplementary information sheet at the end of this form.)

<table>
<thead>
<tr>
<th>Country</th>
<th>Medical regulatory authority</th>
<th>Start date</th>
<th>Finish date</th>
<th>Still registered/licensed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DD/MM/YYYY</td>
<td>DD/MM/YYYY</td>
<td>YES/NO</td>
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<td></td>
<td>DD/MM/YYYY</td>
<td>DD/MM/YYYY</td>
<td>YES/NO</td>
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</table>

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.

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.
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.

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. YES/NO

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).

For health conditions, please tell us:
- What the condition is
- How it has affected you and how you are managing it
- If you are working, whether you have told your current or future employer.

If you’re telling us about something else, please give the following details:
- What happened and when
- What your involvement was
- What action was taken against you and what the outcome was.

Your recent professional experience
Please list your work history covering the last five years. You should include all periods of:
- Medical service
- Maternity/paternity leave
- Non-medical work
- Training/study
- Extended leave/vacation

We realise that sometimes doctors have gaps between jobs, so please account for these in your list.

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

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<thead>
<tr>
<th>Start date</th>
<th>Finish date</th>
<th>Details of activity including employer address (where applicable)</th>
<th>Country</th>
<th>Engaged in medical practice</th>
</tr>
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<tbody>
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<td>DD/MM/YYYY</td>
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</table>

This form was last updated on 4 December 2020
Telephone us on 0161 923 6602 (or +44 161 923 6602 if calling from outside the UK)
**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 enquiries 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

<table>
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<tr>
<th>Signature</th>
<th>Date Signed</th>
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</table>

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.
Your diversity details

The GMC is committed to treating everyone fairly and meeting our legal responsibilities under the Equality Act 2010 and related legislation (such as the Human Rights Act 1998). One of the ways we do this is by asking people to provide information about their ethnicity, disability, gender, sexual orientation, religion and beliefs.

Giving us this information is optional. If you choose to give it to us, we will keep it confidential and hold it securely in line with data protection and other relevant legislation. We will use the information you give us to analyse and report on statistical trends in medical education and practice in the UK. We will anonymise/pseudonymise any data we publish so you can’t be identified.

The information may be used by different teams at the GMC. We may also share your personal data with other parties if required by law, where ordered by a court, or where it is otherwise in the public interest (for example for research purposes). Where possible, data will be anonymised or pseudonymised before we share it with any other party.

This information will not be shared with teams that make a decision about your application or your fitness to practise.

Help with categories

Ethnicity

- ‘White British’ includes the categories of White English, White Welsh, White Scottish and White Northern Irish.

Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person’s ability to carry out normal day-to-day activities.

Religion and belief

The list of categories includes all the options from the census 2011 for England, Northern Ireland, Wales and Scotland

<table>
<thead>
<tr>
<th>Ethnic origin</th>
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<tbody>
<tr>
<td><strong>White</strong></td>
<td></td>
</tr>
<tr>
<td>☐ British (English/Welsh/Scottish/Northern Irish)</td>
<td>☐ Irish</td>
</tr>
<tr>
<td>☐ Gypsy or Irish Traveller</td>
<td></td>
</tr>
<tr>
<td>☐ Any other white background (please write in)</td>
<td></td>
</tr>
<tr>
<td><strong>Mixed</strong></td>
<td></td>
</tr>
<tr>
<td>☐ White and Black Caribbean</td>
<td>☐ White and Black African</td>
</tr>
<tr>
<td>☐ White and Asian</td>
<td></td>
</tr>
<tr>
<td>☐ Any other mixed background (please write in)</td>
<td></td>
</tr>
<tr>
<td><strong>Asian or Asian British</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Indian</td>
<td>☐ Pakistani</td>
</tr>
<tr>
<td>☐ Bangladeshi</td>
<td>☐ Chinese</td>
</tr>
<tr>
<td>☐ Any other Asian background (please write in)</td>
<td></td>
</tr>
</tbody>
</table>
## Black or Black British
- Caribbean
- African
- Any other black background (please write in)

## Other ethnic group
- Arab
- Any other ethnic group (please write in)

## Prefer not to say
- Prefer not to say

## Religion and belief
- No religion
- Buddhist
- Christian - Baptist
- Christian - Brethren
- Christian – Catholic
- Christian - Church of England
- Christian - Church of Ireland
- Christian - Church of Scotland
- Christian - Free Presbyterian
- Christian - Methodist
- Christian - Other
- Christian - Presbyterian
- Christian - Protestant
- Hindu
- Jewish
- Muslim
- Sikh
- Other

## Sexual orientation
- Bisexual
- Heterosexual/straight
- Lesbian/Gay
- Prefer not to say

## Disability
- No disability or long-term illness
- Disabled but prefer not to give details
- Blind or sight loss
- Deaf or hearing loss
- Mobility - e.g. difficulty walking short distances or climbing stairs
- Manual dexterity
- Learning disability - e.g. dyslexia
- Mental illness e.g. depression
- Speech impairment
- Cognitive disability - e.g. brain injury, autism
- Other impairment - e.g. epilepsy, asthma, cancer or facial disfigurement
- Prefer not to say
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

Is the doctor currently providing a service to you and/or your organisation? Yes ☐ No ☐

Period of service

From: D D M M Y Y Y Y To: D D M M Y Y Y Y

Position(s) held by applicant

A) Is/was the applicant working in a medical capacity? Yes ☐ No ☐

B) Is/was the applicant required to hold registration with a medical regulator? Yes ☐ No ☐

If ‘yes’ Is/was the applicant also required to hold a licence with a medical regulator? Yes ☐ No ☐

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 ☐ No ☐

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: 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