Amend Diversity Details

Complete all mandatory sections marked with an *

Please update your diversity details and click 'Save'.

This information will remain confidential and will not be published on the online register, or be used in fitness to practise or revalidation decisions.

Help with updating your diversity details

Ethnicity - Level 1*

Other Ethnic Groups
My Applications

Listed below are your previous applications and your applications in progress.

If you want to make a new application please click 'Apply'. If you want to withdraw an application that is in progress, please click 'Withdraw'.

If you want to edit an application that you’ve started or view one you’ve already submitted, please click on the application number.

If you would like to give up your registration (voluntary erasure), or your licence to practise, please click 'Apply'.

⚠️ Please note, once you have submitted your application, you will not be able to edit it.
My Applications

Listed below are your previous applications and your applications in progress.

If you want to make a new application please click 'Apply'. If you want to withdraw an application that is in progress, please click 'Withdraw'.

If you want to edit an application that you’ve started or view one you’ve already submitted, please click on the application number.

If you would like to give up your registration (voluntary erasure), or your licence to practise, please click ‘Apply’.

⚠️ Please note, once you have submitted your application, you will not be able to edit it.

[Apply]  [Click Apply]
Before you apply

Before you continue, you must read this important information and guidance.

Once you are satisfied that you have read and understood this information, you may continue with your application.

Click Continue with application
Route selection

Do you want to apply for entry onto either the Specialist Register or the GP Register?

Yes  No

Click Yes
Route selection

Have you got a European specialist qualification listed in our relevant European qualifications list?

If you obtained your medical degree in the UK and completed an internship (and or Specialist training overseas), please contact the GMC on 0161 923 6602.

Click No
Route selection

Minimum requirements

To be eligible to apply you must have either:
- a specialist medical qualification, or
- at least six months continuous training in the specialty you are applying in

OR

If your specialty is not a **GMC approved CCT specialty**, you must have either:
- a specialist medical qualification in a non-CCT speciality from outside the UK, or
- at least six months continuous specialist training outside the UK in a non-CCT specialty

OR

- 3 years experience at consultant level in Switzerland or another EEA member state (not UK) in the specialty you are applying in.

See definitions of specialist medical qualifications and training

Do you meet the minimum requirements?

Click Yes
Thank you for giving us that information. It tells us that you can make one of the applications listed below.

Before you can continue, please:

- Read about our fees so you know how much you will need to pay.
- Read our information refunds and when we may keep part of your fee.
- Have a debit or credit card available. You need to pay a fee before you can submit your application.

If you continue with your application, you are confirming you have read the guidance.

Choose the application you want to make and click apply.

- Full registration and entry onto the Specialist Register with a CESR
- Full registration and entry onto the GP Register with a CEGPR
Primary Source Verification of Credentials

Please enter your unique EPIC account reference number (EPIC ID) in the box below e.g. C-XX00000. You must provide us with a valid reference number in order to submit your application. You will have three attempts. If you enter it incorrectly three times, you will need to wait 15 minutes before you can try again.

EPIC ID

Enter EPIC ID

By entering your EPIC ID and clicking 'Next' you understand that EPIC and the GMC will share information about any qualification you have submitted to them for verification.
Primary Source Verification of Credentials

Please enter your unique EPIC account reference number (EPIC ID) in the box below e.g. C-XX00000. You must provide us with a valid reference number in order to submit your application. You will have three attempts. If you enter it incorrectly three times, you will need to wait 15 minutes before you can try again.

EPIC ID

C-AA027138

By entering your EPIC ID and clicking 'Next' you understand that EPIC and the GMC will share information about any qualification you have submitted to them for verification.

Click Next
Specialty details

To find out whether your specialty is a Certificate of Completion of Training (CCT) specialty you must check it against the GMC approved CCT curricula list. The name for your specialty may differ slightly to that used in the UK. If it covers the same fields as a CCT specialty then you are applying in a CCT specialty.

1) If you are applying in a CCT specialty please select your specialty from the list below:

CCT Specialty

Please select...

Click to select Speciality

Or

2) If you are applying in a non-CCT specialty please record the details below:
1) If you are applying in a CCT specialty please select your specialty from the list below:

CCT Specialty

Allergy

Or

2) If you are applying in a non-CCT specialty please record the details below:

Click Next >
Specialty details

Please confirm that your specialty details are correct.

Once you have confirmed this information, it will **not** be possible to change your specialty without withdrawing the whole application and starting again.

CCT Specialty

Allergy

[Confirm] [Cancel]
Is the name supplied below different to the name stated on your medical degree certificate? **Yes** **No**

Complete all mandatory sections marked with an *

If the name on your PMQ is the same click No.

If the name is different click Yes
Your qualification details

Please record all your specialist postgraduate medical qualifications or other relevant qualifications in the table below.

If the qualification was awarded outside the UK, you will need to provide an authenticated certificate or other evidence.

Find out more about what evidence is required.

Click Add Qualification to add a qualification to the table. You can edit or remove details of a qualification already added by clicking on its full title.
Qualification details

Complete all mandatory sections marked with an ⋆

Full title of your qualification*

Provide details requested

Award date*

DD/MM/YYYY

Name and full address (inclusion country) of the university or body that awarded your qualification*


Your qualification details

Please record all your specialist postgraduate medical qualifications or other relevant qualifications in the table below.

If the qualification was awarded outside the UK, you will need to provide an authenticated certificate or other evidence.

Find out more about what evidence is required.

Click Add Qualification to add a qualification to the table. You can edit or remove details of a qualification already added by clicking on its full title.

Add Qualification

<table>
<thead>
<tr>
<th>Full title of your qualification</th>
<th>Name and full address (inclusion country) of the university or body that awarded your qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example qualification</td>
<td>University of medicine</td>
</tr>
</tbody>
</table>

Click Next
Your professional experience

Please provide details of all the posts you have held. Start with the most recent and work backwards (new entries will be added to the bottom of the list). Please also account for any periods when you were unemployed or not engaged in medical practice including, for example, extended holidays or maternity leave.

⚠️ You will not be able to leave any gaps in your experience of 28 days or more.

If you have worked overseas, please do not amend your overseas post title to correspond to a UK title - instead please tell us the title you actually held. Some examples of what we mean by post titles are SHO, Registrar, Staff Grade, District Medical Officer and Resident.

Click Add Experience to add a period to the table.

If you want to edit an entry in the table click View/Edit.
Your professional experience

Complete all mandatory sections marked with an *

Start date*

DD/MM/YYYY

Provide details requested

Finish date*

DD/MM/YYYY

Current

Name and location of hospitals where you have worked or details for when you were not engaged in clinical practice (maximum number of characters is 255)*
Employment Type
Full Time

Hours of clinical practice per week
50

Name of supervisor

Supervisor’s post title

Save   Cancel   Click Save
Please provide details of all the posts you have held. Start with the most recent and work backwards (new entries will be added to the bottom of the list). Please also account for any periods when you were unemployed or not engaged in medical practice including, for example, extended holidays or maternity leave.

⚠️ You will not be able to leave any gaps in your experience of 28 days or more.

If you have worked overseas, please do not amend your overseas post title to correspond to a UK title - instead please tell us the title you actually held. Some examples of what we mean by post titles are SHO, Registrar, Staff Grade, District Medical Officer and Resident.

Click Add Experience to add a period to the table.

If you want to edit an entry in the table click View/Edit.
Referee details

Please record the details of your referees in the table below.

You must nominate a recommended number of referees depending on the type of application you are making. If you do not nominate the recommended number of referees, your application may not demonstrate that you meet the required standards.

To decide how many referees you need and advice about who you should select to be your referees, including your primary referee, please see help with referees.

Click on 'Add referee' to add a referee to the list.

If you want to edit the details of a referee click on the 'Referee name'.

Click Add Referee
Referee details

You must nominate one of your referees as your primary referee.

If the referee you are nominating is registered with the GMC, please enter their GMC reference number.

Complete all mandatory sections marked with an *.

Primary referee

GMC reference number

Provide details requested

Title*

First name*
Institution or hospital:
University Hospital

Address details:
Test address

Email address:
test@email.com

Click Save
meet the required standards.

To decide how many referees you need and advice about who you should select to be your referees, including your primary referee, please see help with referees.

Click on ‘Add referee’ to add a referee to the list.

If you want to edit the details of a referee click on the ‘Referee name’.

---

Add Referee

<table>
<thead>
<tr>
<th>Primary referee</th>
<th>Referee name</th>
<th>GMC reference number</th>
<th>Post title</th>
<th>Specialty</th>
<th>Institution or hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Test Name</td>
<td>Doctor</td>
<td>Medicine</td>
<td>University Hospital</td>
<td>Test</td>
<td></td>
</tr>
</tbody>
</table>

I do not wish to provide referees in support of my application

[ ]

Click Next
Your registration and licensing history

Please provide details of all the medical regulatory authorities where you have held registration or a licence to practise in the last five years. You do not need to include the GMC.

If you have not held registration or a licence as a doctor with any medical regulatory authority other than the GMC in the last five years please click here.

You will need to send us a certificate of good standing from each of the medical regulatory authorities you have entered. 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 have our guidance on translations.

I need help completing this section

Add registration and licensing history

Click Add registration and licensing history
Your registration/licensing history

Complete all mandatory sections marked with an *.

Country*
- Please select...

Medical regulatory authority*

Registration number

Start date of registration*
- DD/MM/YYYY

Provide details requested
Select Regulatory Authority then click OK
Registration and licensing  Ethical guidance  Education  Concerns  About

Medical regulatory authority*

Ministry of Health (National Register)

Registration number

Start date of registration*

12/02/2012

Still registered

Finish date of registration*

DD/MM/YYYY

Click Save
If you have not held registration or a licence as a doctor with any medical regulatory authority other than the GMC in the last five years please click here.

You will need to send us a certificate of good standing from each of the medical regulatory authorities you have entered.

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 have our guidance on translations.

I need help completing this section.
The sections below show the areas of competence for your specialty you will need to demonstrate in your application. You should expand each section by clicking on the plus sign.

You should click 'Add/Remove Document' first to upload evidence to your application. Once you’ve finished uploading your evidence, you’ll need to set the evidence status. To do this, select 'Edit' to add a description of the evidence provided and update the evidence status.

The 'Indicator' on the section headers below confirms where you have completed a section correctly or not. Please see our user guide for further information on how to upload your evidence and what evidence status to use.

For any evidence that needs to be verified, you will need to ensure this has been done before you submit your application. You can find guidance on our verification process on our website.

You must ensure any evidence you provide has been anonymised in line with our guidance on anonymisation. Any evidence which doesn’t meet our requirements will be deleted from our systems and won’t be included in your application.

Find out more about what evidence is required for your specialty - you should have a copy of the relevant specialty specific guidance open whilst you complete your application.
<table>
<thead>
<tr>
<th>Sequence</th>
<th>Document Title</th>
<th>Expand/Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sequence 1 - CV</td>
<td>+</td>
</tr>
<tr>
<td>1</td>
<td>Sequence 1 - CV</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Sequence 2 - Domain 1 - Qualifications</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Sequence 2 - Domain 1 - Qualifications</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>Sequence 3 - Domain 1 - Assessments and appraisals</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>Sequence 3 - Domain 1 - Assessments and appraisals</td>
<td>+</td>
</tr>
<tr>
<td>4</td>
<td>Sequence 4 - Domain 1 - Records of daily clinical practice</td>
<td>+</td>
</tr>
</tbody>
</table>
Summary of what I need to show

You must provide an up-to-date copy of your CV, which includes all the details listed in the guidance on our website.

Evidence we recommend you provide

Your CV should be:

- Numbered on each page
- Show your surname and initials at the top of each page
- Use bullet points
- Include a short description for each item
Sequence 1 - CV

Document upload section

Find out more about what evidence is required for your specialty (opens in a new window) - you should have a copy of the most recent specialty specific guidance open whilst you complete your application.

You should upload all documents for this section below. If some of your evidence is relevant to more than one section of the application, you don't need to upload it twice. You should clearly cross reference evidence relevant to more than one section in the Description of Evidence section of the application.

We've produced specific guidance on the way evidence needs to be uploaded in your application - you can find this on our website. You must follow this guidance in order for your evidence to be accepted. Guidance which does not meet our requirements may be removed from your application.

Please note that all uploaded documents will be stored in a read only format. Once you have uploaded a document it won't be possible to update it unless you remove the whole document and re-upload it.
won't be possible to update it unless you remove the whole document and re-upload it.

Summary of what I need to show
You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.

Evidence we recommend you provide
Your CV should be:

- Numbered on each page
- Show your surname and initials at the top of each page
- Use bullet points
- Include a short description for each item

Click Add Document
Upload your evidence documents

Please note all uploaded documents will be stored in read only format. Once a document has been uploaded it will not be possible to amend its content.

No file chosen Choose file

Click Choose file

Description

Upload Clear Cancel
Upload your evidence documents

Please note all uploaded documents will be stored in read only format. Once a document has been uploaded it will not be possible to amend its content.

QA.docx  Choose file

Description

Evidence test doc

Enter a description

Upload  Clear  Cancel  

Click Upload

- EPIC Details
- Specialty details
- Name details
- Your qualification details
- Your professional experience
- Referee details
- Registration & licensing
Summary of what I need to show
You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.

Evidence we recommend you provide
Your CV should be:

- Numbered on each page
- Show your surname and initials at the top of each page
- Use bullet points
- Include a short description for each item

Add Document

<table>
<thead>
<tr>
<th>Document I am providing to demonstrate area of competence</th>
<th>Title of document</th>
<th>Date and time of upload</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA</td>
<td>Evidence test doc</td>
<td>26/08/2021 15:46</td>
<td></td>
</tr>
</tbody>
</table>

Click Done
<table>
<thead>
<tr>
<th>Sequence</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence 1 - CV</td>
<td></td>
</tr>
<tr>
<td>Sequence 2 - Domain 1 – Qualifications</td>
<td></td>
</tr>
<tr>
<td>Sequence 3 – Domain 1 – Assessments and appraisals</td>
<td></td>
</tr>
<tr>
<td>Sequence 4 – Domain 1 – Records of daily clinical practice</td>
<td></td>
</tr>
</tbody>
</table>
Summary of what I need to show

You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.

Evidence we recommend you provide

Your CV should be:

• Numbered on each page

• Show your surname and initials at the top of each page

• Use bullet points

• Include a short description for each item
Description of evidence provided

Test evidence

Enter a description

Evidence status

Not started

Click drop down

Additional hardcopy evidence to be provided?

Save  Cancel
Description of evidence provided

Test evidence

- Not started
- In progress
- Evidence uploaded
- Not submitting evidence
- Hardcopy evidence only
- Not started

Select Evidence status

Additional hardcopy evidence to be provided?

- [ ]

Save  Cancel
Description of evidence provided*

Test evidence

Evidence status*

Evidence uploaded

Additional hardcopy evidence to be provided?

Save   Cancel   Click Save
Your Evidence Summary

The sections below show the areas of competence for your specialty you will need to demonstrate in your application. You should expand each section by clicking on the plus sign. You should click ‘Add/Remove Document’ first to upload evidence to your application. Once you’ve finished uploading your evidence, you’ll need to set the evidence status. To do this, select ‘Edit’ to add a description of the evidence provided and update the evidence status.

The ‘Indicator’ on the section headers below confirms where you have completed a section correctly or not. Please see our user guide for further information on how to upload your evidence and what evidence status to use.

For any evidence that needs to be verified, you will need to ensure this has been done before you submit your application. You can find guidance on our verification process on our website.

You must ensure any evidence you provide has been anonymised in line with our guidance on anonymisation. Any evidence which doesn’t meet our requirements will be deleted from our systems and won’t be included in your application.

Find out more about what evidence is required for your specialty - you should have a copy of the relevant specialty specific guidance open whilst you complete your application.

If the doctor would like to print off a list of the uploaded evidence, click ‘All Documents List’.
My Application Documents

Name: [Redacted]  Speciality: Allergy

<table>
<thead>
<tr>
<th>Area of Competence</th>
<th>Evidence Provided</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence 1 - CV</td>
<td>Test</td>
<td>27/08/2021</td>
</tr>
</tbody>
</table>

Click Print
# My Application Documents

**Name:** [Redacted]

**Speciality:** Allergy

<table>
<thead>
<tr>
<th>Area of Competence</th>
<th>Evidence Provided</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence 1 - CV</td>
<td>Test</td>
<td>27/08/2021</td>
</tr>
</tbody>
</table>
Your Evidence Summary

The sections below show the areas of competence for your specialty you will need to demonstrate in your application. You should expand each section by clicking on the plus sign.

You should click 'Add/Remove Document' first to upload evidence to your application. Once you've finished uploading your evidence, you'll need to set the evidence status. To do this, select 'Edit' to add a description of the evidence provided and update the evidence status.

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Find out more about what evidence is required for your specialty - you should have a copy of the relevant specialty specific guidance open whilst you complete your application.
<table>
<thead>
<tr>
<th>Sequence 12 - Domain 4 - Maintaining trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence 13 - Verification of your evidence</td>
</tr>
</tbody>
</table>

Please confirm you have read our guidance on anonymisation and the evidence you have provided has been suitably redacted.

I confirm that all my evidence meets the requirements for anonymisation for my application.

Tick the declaration

Tick the declaration
Please confirm you have read our guidance on anonymisation and the evidence you have provided has been suitably redacted.

I confirm that all my evidence meets the requirements for anonymisation for my application.

Click Next
Verifier details

Please record the details of your verifiers in the table below.

You must enter details of a verifier from every hospital/institution you are providing evidence from. Read our guidance on verifying your evidence to ensure you are providing the correct information.

Click on ‘Add verifier’ to add a verifier to the list. If you want to edit the details of a verifier click on the ‘Verifier name’.

Add verifier

Click Add verifier
Provide details requested

- Title:
  - Please select...

- First name:

- Last name:

- Post title:

- Specialty:
Post title*
Doctor

Specialty*
Allergy

Institution or hospital*
University Hospital

Email address*
test@email.com

Save  Cancel  Click Save
Please record the details of your verifiers in the table below.

You must enter details of a verifier from every hospital/institution you are providing evidence from. Read our guidance on verifying your evidence to ensure you are providing the correct information.

Click on 'Add verifier' to add a verifier to the list. If you want to edit the details of a verifier click on the 'Verifier name'.

Add verifier

<table>
<thead>
<tr>
<th>Verifier name</th>
<th>GMC reference</th>
<th>Post title</th>
<th>Specialty</th>
<th>Institution or hospital</th>
<th>Email address</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Test Name</td>
<td>Doctor</td>
<td>Allergy</td>
<td>University Hospital</td>
<td>test@email...</td>
<td>Remove</td>
<td></td>
</tr>
</tbody>
</table>

I am not providing verifiers as part of my application (please only select this option if the type of evidence you’re submitting does not require verification).

[ ]

Click Next
English language declaration

Please select below the statement relevant to you to confirm your English Language proficiency.

1. I have passed the International English Language Testing System (IELTS), please enter your test report form number.
2. I have passed the Occupational English Testing (OET), please enter your candidate number.
3. I am a new graduate and obtained my primary medical qualification (PMQ) from a university where the language of instruction and examination is English.
4. I have practised continuously for the two years immediately preceding this application in a country where the first and native Language is English.
5. 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 practised continuously in that country for the two years immediately preceding this application.
English language declaration

Please select below the statement relevant to you to confirm your English Language proficiency.

- I have passed the International English Language Testing System (IELTS), please enter your test report form number
- I have passed the Occupational English Testing (OET), please enter your candidate number
- I am a new graduate and obtained my primary medical qualification (PMQ) from a university where the language of instruction and examination is English
- I have practised continuously for the two years immediately preceding this application in a country where the first and native Language is English.
- 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 practised continuously in that country for the two years immediately preceding this application.
I was a non-graduate and obtained my primary medical qualification (FMQ) from a different institution where the language of instruction and examination is English.

I have practised continuously for the two years immediately preceding this application in a country where the first and native Language is English.

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 practised continuously in that country for the two years immediately preceding this application.

Please enter your test report form number

123456789

Please enter your candidate number

123456789
Fitness to practise - your health

We need to ask you for information so we can make sure you’re fit to practise before we register you.

You should read our guide before you answer the questions in the fitness to practise declaration.

We only need to know about things that could affect your ability to work as a doctor or lower the public’s confidence in doctors. The guide will help you decide what you do and don’t need to tell us about. In the past, we have refused to register doctors who have given us information that wasn’t true or didn’t tell us something they should have. But just because you tell us about something doesn’t mean you can’t join or re-join the register. We treat all the information you give us confidentially.

I have read the guidance that helps me answer these questions.

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.

Click declaration
Complete an answer for each question.

If the answer is Yes further details will need to be provided

1. Has a medical school, university or employer raised concerns about how you managed a health condition, 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 managing health concerns.

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.
3. Do you have a serious communicable disease?

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.

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.

- [ ] No
- [ ] Yes
Your declaration of fitness to practise

If you want more help to answer these questions read our guide again.

⚠️ All sections must be complete before clicking on Next.

1. 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.

- [ ] No
- [ ] Yes

Complete an answer for each question.

If Yes is answered for any question further information will be required.
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.

- No
- Yes

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 that 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 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 is entitled to remove my registration and deregister me, and may refer the matter to the criminal courts.
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 or indemnity arrangements appropriate to the areas of my practice.

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

Tick declaration then click Proceed to Payment
Make a payment

To protect your cardholder information, you will be passed to our secure payment provider Barclaycard who will process your payment on our behalf.

Payment amount

For information about refunds of application fees, or any fee we may keep, please click here. By proceeding to payment you confirm you have read these.

Make a payment  Cancel payment  Click Make a payment
Complete payment details

Billing Information

First Name *
Last Name *
Address Line 1 *
City *
Country/Region *
Zip/Postal Code

Payment Details

Card Type *
- Visa
- Mastercard
- Maestro Int.
Added Protection
Please submit your Verified by Visa password.
Merchant: Smartpay Fuse template
Amount: 2084.00
Date: 08/26/2021
Card Number: **************1111
Personal Message: Password is "1234"

User Name: test1
Password: ********

Click Submit
Your browser will automatically redirect you within 30 seconds

Please click here if you are not redirected
Card Payment Succeeded

Your payment of £ has been successfully processed. For your information, please keep a record of the payment transaction reference 1-2699383054. To find out what will happen now please go to the next screen.

Click Next

Next >
Next steps - processing your application

Thank you for submitting the first part of your application. You will receive email confirmation from us shortly.

We will now contact the referees you have nominated and ask them to submit their structured reports. We will wait for you to submit your evidence. If we have not received your evidence within 30 days, we will close your application.

Please do not send us any evidence that you have not listed in your evidence checklist.

Read guidance on how to submit your evidence.

You can view the progress of your application and reprint your evidence checklist in My Applications.

Once we have received your evidence bundle we will contact you within 30 days and let you know whether there is any further evidence that would support your application or if there are any other issues with your application.

Before taking up any employment you must ensure that your status on the register is appropriate for the type of post or practice that you will be undertaking. You can check your status on the register and the date from which it is effective in our online Register.
Read guidance on how to submit your evidence.

You can view the progress of your application and reprint your evidence checklist in *My Applications*.

Once we have received your evidence bundle we will contact you within 30 days and let you know whether there is any further evidence that would support your application or if there are any other issues with your application.

Before taking up any employment you must ensure that your status on the register is appropriate for the type of post or practice that you will be undertaking. You can check your status on the register and the date from which it is effective in our *online Register*.

To maintain your registration you need to keep your contact details up to date and pay your annual retention fee, which is due each year on the anniversary of the date you are first granted full registration.

You can update your details in the *My Details* section.

We recommend that you pay your future annual retention fees by Direct Debit. Direct Debit is the only payment option that allows you to pay your annual fee in instalments. Direct Debit payments are collected automatically, so your status on the Register is not put at risk from late payment.

[Set up a Direct Debit]