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

<table>
<thead>
<tr>
<th>Application number</th>
<th>Application type</th>
<th>Submitted date</th>
<th>Status</th>
<th>Type awarded</th>
<th>Granted date</th>
<th>Withdraw</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1-1819936286</td>
<td>Full</td>
<td></td>
<td>Expired</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 to remove your name from the register?

Yes

No

Click on No
Route selection

Do you wish to give up your licence to practice?

Yes  No  Click on No
Route selection

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

- Yes
- No

Click on 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 on No
Route selection

Have you been found eligible for inclusion on the Specialist Register or the GP Register by the GMC (or PMETB before April 2010)?

- Yes
- No

Click on 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 in a non-CCT speciality from outside the UK, or
- at least six months continuous specialist training outside the UK in a non-CCT speciality

OR
- 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 specialty 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?

[Yes] [No] Click on Yes
Applications you can make

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.
If you click on GP you will not have to choose the Speciality and will be taken straight to the qualifications section.
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

Click on the drop down arrow to select the specialty or type the name in the field if it isn't a CCT specialty.

Or

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

CCT Specialty

Clinical radiology

Or

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

[Blank field]

Click on 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

Clinical radiology

[Confirm]  [Cancel]  **Click on Confirm**
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.

Click on Add Qualification
Qualification details

Complete all mandatory sections marked with an *

Full title of your qualification*

Complete the details as requested

Award date*

DD/MM/YYYY

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

Full title of your qualification*

MBBS

Award date*

05/07/2019

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

University School of Medicine
Full title of your qualification*

MBBS

Award date*

06/07/2018

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

University School of Medicine
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.
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*: 12/07/2019

Finish date*: 19/07/2021

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)*

University Hospital
Employment Type*:
- Full Time

Hours of clinical practice per week*:
- 45

Name of supervisor:
- Dr Smith

Supervisor's post title:
- [ ]

[Save] [Cancel] [Click on 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.

Add Experience

<table>
<thead>
<tr>
<th>Post title</th>
<th>Employer details</th>
<th>Start date</th>
<th>Finish date</th>
<th>Current</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>University Hospital</td>
<td>12/07/…</td>
<td>19/07/…</td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

Click on Next
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 on 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

Title*
- Please select...

First name*

Complete details as requested
Institution or hospital

University Hospital

Address details

Manchester

Email address

tom@unhos.com

Save  Cancel  Click on 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'.

Tick here if you do not wish to provide a referee

Click on 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

---

Click Add registration and licensing history

<table>
<thead>
<tr>
<th>Country</th>
<th>Medical regulatory auth</th>
<th>Start date</th>
<th>End date</th>
<th>Still registered/licensed</th>
<th>View/Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Click on the country drop down arrow
Select Medical regulatory authority
Click on OK
Medical regulatory authority*
Bury Doctors Limited

Registration number

Start date of registration*
07/07/2017

Still registered

Finish date of registration*
15/07/2021

Click on 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

Add registration and licensing history

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<tr>
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<th>Start date</th>
<th>End date</th>
<th>Still registered/licensed</th>
<th>View/Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>Bury Doctors Limited</td>
<td>07/07/2017</td>
<td>15/07/2021</td>
<td>Y</td>
<td>View/Edit</td>
</tr>
</tbody>
</table>

Click on Next
The table below confirms the areas of competence for your specialty you will need to demonstrate in your application. You should click on the links in the Edit details of what I'm providing and Add/Delete Documents columns to list the evidence you're providing and upload this electronically.
You should Add/Delete Documents first, and then Edit details of what I'm providing second, as you'll need to set the Evidence status of the section in Edit details of what I'm providing for a section to be marked as complete. 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 guidelines to help you.
This section shows the areas of competence and the evidence that needs to be provided to meet each competency.

The information provided under the areas of competence and the number of rows will differ according to each specialty.

To upload evidence for a competency click on the + symbol.
Status of this section
Not started

Summary of what I need to show
Qualifications:

- Primary medical qualification (if applicable)
- Specialist medical qualification(s)
- Recent specialist training

Evidence we recommend you provide

Scroll down the page
Evidence we recommend you provide

- If you don't hold full registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website.

- An authenticated copy of any specialist medical qualifications you hold.

- If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training.

- We have published some specialty specific guidance for Clinical radiology, with the help from The Royal College of Radiologists. It is very important that you read this guidance carefully before submitting your application. If you don't follow this guidance, your application may not succeed.
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 on Choose file

Upload  Clear  Cancel
Select file
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.

Application evidence... Choose file

Description

[Add description and click on Upload]
Evidence of training and qualifications

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.

Summary of what I need to show

Qualifications:

- Primary medical qualification (if applicable)
- If you don’t hold full registration, you will need to have your primary medical qualification independently verified by ECFMG before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website.

- An authenticated copy of any specialist medical qualifications you hold.

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Click on Done
Evidence we recommend you provide

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- We have published some specialty specific guidance for Clinical radiology, with the help from The Royal College of Radiologists. It is very important that you read this guidance carefully before submitting your application. If you don’t follow this guidance, your application may not succeed.

Click on Edit

Edit  Add/Remove Document
Evidence of training and qualifications

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 provide a brief summary of all evidence you are providing for this section in ‘Description of evidence provided’.

If you are providing any electronic evidence for this section, change the evidence status to ‘Evidence uploaded’.

If you are providing hard copy evidence as well as electronic evidence, change the evidence status to ‘Evidence uploaded’ and check the ‘Additional hardcopy evidence’ box below.

If you are not providing any evidence, change the status to ‘Not submitting evidence’. You must provide details of why you aren’t providing evidence in the description box.

If you are only providing hard copy evidence for this section, please select an evidence status of ‘Hardcopy evidence only’ - do not check the ‘Additional hardcopy evidence to be provided flag’ if you are using this evidence status.

Whilst you collate the evidence and information for your application, you can select a status of ‘In progress’. This will allow you to track which sections of your application you want to revisit to add further documents and information, up until the point you submit your application to us. You will need to set a final status of ‘Evidence uploaded’, ‘Not submitting evidence’ or ‘Hardcopy evidence only’ before you can submit your application to us.
Enter description of evidence provided

Test evidence

Evidence status
Not started

Additional hardcopy evidence to be provided?
Complete all mandatory sections marked with an *

Description of evidence provided:

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

Click the drop down arrow and select status

Additional hardcopy evidence to be provided?

- [ ]
Complete all mandatory sections marked with an *

Description of evidence provided*

Application evidence

Evidence status*

Evidence uploaded

Additional hardcopy evidence to be provided?

Save  Cancel  

Click on 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 the list of uploaded evidence, click All Document 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](#)
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.

All Documents List

Sequence 1 - CV

Sequence 2 - Domain 1 – Qualifications

Sequence 3 – Domain 1 – Assessments and appraisals

Sequence 4 – Domain 1 – Records of daily clinical practice
Once all competency areas are complete tick confirmation that evidence meets the requirements and select 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'.

Click on Add verifier
Complete requested details

Please enter the details of your nominated verifier.

If the verifier is registered with the GMC please enter their GMC number and GMC registered email address.

If your verifier isn’t registered with the GMC you must provide their professional/work email address.

Complete all mandatory sections marked with an *
Complete required information and click on Save.
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'.

Tick the declaration then click on Next
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, or anyone acting on its instructions, may make an application to the court to have me struck off the register.
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.

Click on Make a payment
Complete required information

Payment Amount £__

Billing Information

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

Card Type *
- Visa
- Mastercard
- Maestro Int.

Card Number *
444433322221111

Expiration Month *
03
Expiration Year *
2022

CVN *
123

Click on Pay
Card Payment Succeeded

Your payment of £___ has been successfully processed. For your information, please keep a record of the payment transaction reference 1-2695848335. To find out what will happen now please go to the next screen.

Click Next
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.

Click Finish