

GMC Application Form

You should use this application form if

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

AND

- You are visiting the UK for a temporary period to provide specialist knowledge and skills in a particular branch of medicine

AND

- You want to apply for temporary full registration with 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

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.

Temporary full registration with a licence to practise

This type of registration with a licence to practise is only available to doctors who are eminent overseas specialists with exceptional knowledge and skill in a particular branch or branches of medicine, who intend to visit the UK for a temporary period to provide medical services of a specialist nature. The maximum period that a person may be registered is 26 weeks in any period of five years.

Certificate of introduction and employer's declaration

Please ask the Royal College that is supporting your application to complete the Certificate of introduction of an overseas eminent specialist.

Please also ask **each** authority or institution that will employ you during your visit to complete the Certificate of employment in the UK.

Please send these certificates along with your application.

Evidence 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 copies of:

- Your current passport
- Evidence of your primary medical qualification and specialist training (unless you have previously held registration with us)
- A Certificate of Good Standing from the medical regulatory authority with whom you are currently registered
- Your licence to practise issued in the State where you are ordinarily resident
- Evidence that you have adequate insurance or professional indemnity cover for your work in the UK
- Translations of any documents that are not in English

Application fee

You must also pay the correct fee for this application. Cheques and bank drafts must be issued in pounds sterling and should be made payable to the General Medical Council.

Submitting your application

Please email us your application form and **copies** of all the documentary evidence requested in this form. All **copies must be** clear and readable (make sure every word of the document is legible). You must send us both sides of the documents, if there is any information on the reverse.

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

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

If you cannot email them, please post them to:

General Medical Council, Registration Support Team (IMG), 3 Hardman Street, Manchester M3 3AW

Do not send any of your **original** documents through the post.

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

What happens next?

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

Please write clearly in black ink and use CAPITAL LETTERS

All dates must be written in the format **DD/MM/YYYY**

If you need more space please use the supplementary information sheet at the end of this form

Your personal details

GMC reference number	<input type="text"/>	(If you do not have a GMC reference number, we will allocate you one when we receive your application.)
Family name or surname	<input type="text"/>	
First name	<input type="text"/>	
Other names	<input type="text"/>	
Date of birth	<input type="text" value="D D M M Y Y Y Y"/>	Gender <input type="text"/>
Nationality	<input type="text"/>	

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	Name and full address (including country) of the university (and college if appropriate) that awarded your qualification	Date degree started	Date degree finished	Date qualification awarded
		DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

You must provide evidence of your primary medical qualification.

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

PMQ1	Have you studied for your primary medical qualification at any medical school other than the one that awarded the qualification? (If yes please provide details below)	YES/NO	
	Other medical schools you have attended	Date training started	Date training finished
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
PMQ2	Has any part of your primary medical qualification been undertaken by remote or distance learning? (E.g. a period of study undertaken solely by internet or through correspondence-based learning) (If yes please provide details on the supplementary information sheet at the end of this form)	YES/NO	
PMQ3	Is your primary medical qualification acceptable for the purpose of registration in the country that awarded your qualification? (If no please provide details on the supplementary information sheet at the end of this form. E.g. subject to internship, further training or examination.)	YES/NO	

 **Your specialist qualifications and training**

Title of your specialist qualification	Specialty in which the qualification was awarded	Name of the body which awarded the qualification and the country in which it is located	Date awarded
1			DD/MM/YYYY
2			DD/MM/YYYY
3			DD/MM/YYYY

You will need to provide documentary evidence of your specialist qualifications.

Details of your current post overseas

Grade of title of your current post	
Branch or branches of medicine	
Name and address of the hospital/institution	

Details of medical services to be provided in the UK

I intend to provide specialist medical services in the UK for the following periods. Please list each post separately. These must total no more than one continuous period of six weeks. Registration with a licence to practise will be granted from the start date of your first post to the end date of your last post.

Post 1	From	<input type="text"/>	To	<input type="text"/>
Post 2	From	<input type="text"/>	To	<input type="text"/>
Post 3	From	<input type="text"/>	To	<input type="text"/>

The full name and address of the hospital, clinic or other practice premises in the UK where I will be providing medical services

Post 1	<input type="text"/>
Post 2	<input type="text"/>
Post 3	<input type="text"/>

The nature of the medical services I will be providing

Post 1	<input type="text"/>
Post 2	<input type="text"/>
Post 3	<input type="text"/>
Specialty	<input type="text"/>

Third party authorisation

If you would like us to discuss your application with a third party, please complete following questions

Name of organisation	<input type="text"/>
Name of contact at organisation (if known)	<input type="text"/>
Telephone number	<input type="text"/>
Full address	<input type="text"/>
Email	<input type="text"/>

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i Evidence of insurance/indemnity cover for employment in the UK

For my employment in the UK I will be covered by (please tick the appropriate box):		
	Personal medical indemnity	<input type="checkbox"/>
	My employer in the UK's indemnity	<input type="checkbox"/>

Evidence of support for application by a medical Royal College in the UK

My application is being supported by
Insert name of medical Royal College in the UK

i Your current registration overseas

Please give details below of the medical regulatory authority in your country of practice

Name and address of medical regulatory authority	Registration number	Date of first registration
		D D M M Y Y Y Y

You will need to submit a Certificate of Good Standing (CGS), or where appropriate, other evidence of your good standing, the medical regulatory authority that you have listed above.

The Certificate of Good Standing must confirm that

- you are entitled to practise medicine in the appropriate country AND
- you were not disqualified, suspended or prohibited from practising medicine AND
- the regulatory authority is not aware of any matters that call into question your good standing.

Certificates of Good Standing are only valid for three months from the date that they are issued.

If your certificate is not in English, then you will also need to provide a translation.

Please see our [website \(www.gmc-uk.org\)](http://www.gmc-uk.org) for further information about evidence of your good standing and translations.

Fitness to practise - your health

We need to ask you about your health, which in some cases might include a disability. We need to know whether your health could affect your fitness to practise. Just because you tell us something about your health it does not necessarily mean that your fitness to practise is impaired. By telling us we will be able to assess and confirm that you are fit to practise or in a small number of cases we may need to make further investigations.

Before you answer the questions, you should open our '[What to tell us when you apply](#)' tool. If you need help on a specific question, you should read our guide on '[What to tell us when you apply](#)'.

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

Your health

We register and license most doctors who tell us about a health condition they have. We need to make sure you are managing any health conditions effectively.

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

H 1	<p>Has a medical school, university or employer raised concerns about how you managed a health condition that led to a formal process?</p> <p>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. www.gmc-uk.org/hq1</p> <p>If you answered yes, tell us in the answer box below:</p> <ul style="list-style-type: none"> • What the condition is, and how and when your management of it affected your medical practice or medical studies. • About the formal process, who was involved and what the outcome was. • Details of any treatment you've received. • The status of the condition now (eg resolved, being managed, treatment is ongoing). 	YES/NO
H 2	<p>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?</p> <p>The formal process could be to support you, or to investigate the concerns. Usually a senior or HR manager, committee, hearing or similar decides what action to take after the process has finished. I'm not sure, show me the guide about health concerns affecting study or practice. www.gmc-uk.org/hq2</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • What the condition is, how and when it affected your medical practice or medical studies. • About the formal process, who was involved, and what the outcome was. • Details of any treatment you've received. • The status of the condition now (eg resolved, being managed, treatment is ongoing). 	YES/NO

Please write clearly in black ink and use CAPITAL LETTERS

All dates must be written in the format **DD/MM/YYYY**

If you need more space please use the supplementary information sheet at the end of this form


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Your fitness to practise

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

FTP1	<p>Have you been formally cautioned or convicted by the police or a court? If your caution or conviction is protected by law in the UK, answer no. I'm not sure, show me the guide about cautions and convictions. www.gmc-uk.org/ftpq1 If you answered yes, tell us:</p> <ul style="list-style-type: none"> • The date of the caution or conviction and what the penalty was. • Details of the circumstances leading to the caution or conviction. • Whether you told your employer or medical school/university, and if so, what the outcome was. • 	YES/NO
FTP 2	<p>Has any other action been taken against you by the police or a similar organisation? Read the guide before you answer this question as there are some actions you don't need to tell us about. For example, you don't need to tell us about fixed penalty notices. Show me the guide about other actions. www.gmc-uk.org/ftpq2 If you answered yes, tell us:</p> <ul style="list-style-type: none"> • What the action was and the outcome. • Details of the circumstances leading to the action. • Whether you 	YES/NO

<p>FTP 3</p>	<p>Has a medical school or university raised concerns about your professionalism or behaviour that led to a formal process?</p> <p>The formal process could be to support you, or to investigate the concerns. Usually a committee, hearing or similar decides what action to take after the process has finished.</p> <p>If you received a verbal warning that didn't lead to any action or an investigation against you, answer 'no'.</p> <p>I'm not sure, show me the guide about medical school concerns leading to a formal process. www.gmc-uk.org/ftpq3</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • About the issue that led to the concerns. • The name of the medical school or university that raised concerns. • About the formal process, who was involved and what the outcome was. 	<p>YES/NO</p>
<p>FTP 4</p>	<p>Has an employer raised concerns about your professional performance, professionalism or behaviour that led to a formal process?</p> <p>The formal process could be to support you, or to investigate the concerns. Usually a senior or HR manager, committee, hearing or similar decides what action to take after the process has finished. This includes non-medical employers.</p> <p>If you received a verbal warning that didn't lead to any action or an investigation against you, answer 'no'.</p> <p>I'm not sure, show me the guide about employer concerns leading to a formal process. www.gmc-uk.org/ftpq4</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • About the issue that led to the concerns. • The name of the employer that raised concerns. • About the formal process, who was involved and what the outcome was. 	<p>YES/NO</p>
<p>FTP 5</p>	<p>Has an organisation investigated concerns about your fitness to practise or refused to register you or give you a licence to practise?</p> <p>The organisation could be a regulator, an exam board, a coroner, a licensing organisation or a similar organisation. This includes non-medical organisations.</p> <p>I'm not sure, show me the guide about investigations and refusals by organisations. www.gmc-uk.org/ftpq5</p> <p>If you answered yes, tell us:</p> <ul style="list-style-type: none"> • What the concerns were about. • The name of the organisation that investigated 	<p>YES/NO</p>

FTP 6	<p>Have you had a medical malpractice or negligence claim made against you that was settled out of court or upheld? If the claim is still ongoing answer 'yes'. I'm not sure, show me the guide about claims. www.gmc-uk.org/ftpq6 If you answered yes, tell us:</p> <ul style="list-style-type: none">• What the claim was for.• What the outcome of the claim was.	YES/NO
FTP 7	<p>Is there anything else about your professional performance, professionalism or behaviour that might raise a concern about your fitness to practise as a doctor in the UK? I'm not sure, show me the guide about other concerns. www.gmc-uk.org/ftpq7 If you answered yes, tell us about the other concerns.</p>	YES/NO
		

Please write clearly in black ink and use CAPITAL LETTERS

All dates must be written in the format **DD/MM/YYYY**

If you need more space please use the supplementary information sheet at the end of this form

If this declaration is more than three months old, we may ask you to complete a new one before we grant your application.
If your personal circumstances change in ways that affect this declaration, you must complete a new Declaration of Fitness to Practise immediately.

If you do not provide accurate and truthful information, we may refuse your application.

What happens next?

We will review the information you give on your application. If we need more information from you we will get in touch.

What if something changes?

After you've answered these questions, if something happens that could affect the answers you have given, please tell us as soon as you can.

Final Declaration

I understand that:

1. the General Medical Council (GMC) will make any enquiries it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent the GMC ask to carry out checks on its behalf, will make any necessary checks to verify the information I have given.
3. enquiries will be made before and while I am registered, including enquiries overseas., which may involve the transfer of my personal data outside of the European Economic Area.
4. the recipient of any enquires will provide the information requested.
5. my personal data will be given to my referees, government bodies and other third parties as may be reasonably necessary.

The information I have provided in my application is correct and true.

I understand that if I have made a false declaration or provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practise and report the matter to the police.

I understand that to protect the public, the GMC may share my registration and licensing information with UK and international regulators, public litigation and prosecution bodies and law enforcement organisations.

I have read [Good medical practice](#). I understand that I must work in line with the principles and values set out in it, and its explanatory guidance and have a duty to tell the GMC about any criminal or regulatory proceedings. I acknowledge that serious or persistent failure to follow this guidance will put my registration at risk.

I have in place, or will have in place at the point at which I practise in the UK, insurance or indemnity arrangements appropriate to the areas of my practice.

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

Signature

Date

2 0

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.

Certificate of introduction of an overseas eminent specialist

To be completed by the Royal College that is introducing the applicant for temporary full registration with a licence to practise as a visiting overseas eminent specialist in a particular branch of medicine

Name of applicant																		
The particular branch of medicine in which the doctor is an eminent specialist																		
The post that the doctor will be employed in and the nature of the services to be provided																		
Reason why the doctor is required to provide these services and why you are supporting the visit																		
The hospital(s) or other premises at which these services are to be provided																		
Date of services	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y

I certify the above to be true

Name															
Position held															
Telephone number						Fax number									
Signature						Date									
Name and address of Royal College		Official stamp													
		<div style="border: 1px dashed black; height: 80px; width: 100%;"></div>													

Certificate of employment in the UK

To be completed by the Medical Director of each employing authority or institution which is to employ the applicant on their visit to the UK

Name of applicant																		
Details of specialist skills																		
The post that the doctor will be employed in and the nature of the services to be provided																		
Reason why the doctor is required to provide these services and why you are supporting the visit																		
The hospital(s) or other premises at which these services are to be provided																		
Date of services	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
I am satisfied that the applicant has the knowledge of English required for the practice of medicine as a fully registered medical practitioner in the United Kingdom																	<input type="checkbox"/>	

I certify that this doctor will be covered under this authority/institution's indemnity insurance (Please give details below)

Name of insurance company												
Address and contact details of insurance company												
Policy number/reference												
Sum insured												

I certify the above to be true

Name							Position						
Telephone number							Fax number						
Signature							Date						
Name and address of organisation							Official stamp						