Form of application for voluntary removal from the Register

Who should fill in this form?
This form is for those registered chiropractors who wish to take their name off the Register of Chiropractors.

What you need to do
1. Fill in this application form
2. Arrange for a Solicitor or Commissioner for Oaths to witness you signing the statutory declaration on page 7 of this form
3. Print, sign and post this form and supporting documents to:
   Registrations team
   General Chiropractic Council
   44 Wicklow Street
   London
   WC1X 9HL

This form is valid for three months from the date you sign the declaration in section 6. If you have not been granted registration by the end of that period you must send us a newly filled in form.

If you need advice on filling in this form, please contact the registrations team either by phone on 020 7713 5155 x5501, or by emailing registrations@gcc-uk.org
Supporting documents
Tick the boxes below to show which documents you are sending with this application.
You must include a statutory declaration.

☑ Statutory declaration

Why must I send a signed statutory declaration?
We know that chiropractors normally ask to be removed from the Register for a variety of perfectly good reasons. However, we have to guard against the possibility that a registrant might ask for voluntary removal simply to evade an investigation under our fitness to practise procedures. This is why we ask you to complete a declaration confirming that you are not aware of any issues that might give rise to a complaint in the future.

When you sign the declaration you must do so in front of either:
• a Solicitor
• a Commissioner for Oaths

☐ CPD summary sheet
It you apply for restoration to the Register in the future you will need to provide CPD for the period from when you last submitted your CPD summary to the date of your removal from the Register. This is particularly useful if you think that you may wish to be registered with us in the future, as it is a requirement of restoration to the Register that you provide any outstanding CPD before.

What happens when we receive your application?
Once we have confirmed that your application is complete and we will write to you to confirm the date that your name was/ will be removed from the Register.

You can ask for your name to be removed from the Register on any future date as long as it falls in the current registration year. However, please make sure your application is with us before 14 December, otherwise your registration will lapse on 14 December.

If you are not intending to retain your name on the Register for next year, but wish to practise beyond 14 December, which is the date your name will otherwise lapse, then you will need to provide us with a completed application form and give a removal date of 31 December.

We always check with our Fitness to Practice team to ensure there are no unresolved complaints or allegations against you before we agree to take your name off the Register. If there are then the Registrar is likely to refuse your application for voluntary removal.
Section 1: your details

Registration Number:

Full registered name:

If you would like us to reply to you at a different address from your registered address, please give the address below

We will not change your current registered address or make this correspondence address available to the public.

Please give a telephone number that we may use in case we need to contact you about this application

Section 2: Removal from the Register

a. Please give your reasons for asking to have your name removed from the Register

b. What date would you like your name removed from the Register?

You may request that your name is removed from the Register on any date up to the end of the current registration year (31 December).
Section 3: your patients records
Please state below whether or not you are responsible for storage of patient records in each of the practises where you work, and if so give details below of the arrangements you have made for the safe keeping of these records when you stop practising.

This information will be available to any of your patients should they ask us.

“You must make proper arrangements if you close down your practice or more clinics and have appropriate arrangements in place in the event of your death.”

Section 4: your indemnity arrangements
You are required to maintain indemnity arrangements insurance for any period they were in practise in the UK.

If you are retiring from practise then you must have arrangements in place for run-off cover. This means that you must ensure that you have cover for the period that you were in practise and that this cover must last indefinitely. A statement about this kind of insurance is included in the enclosed statutory declaration which you will need to amend if this does not apply to you.

Please provide details of your indemnity arrangements below in case we have an enquiry from a patient.

I have been practising in the UK since my last application to the GCC  
Yes ☐  No ☐

If you have answered ‘yes’ above, give details of your insurance in a – d below

a) Name of the insurance company: ________________________________

b) Date cover ceases: ________________________________

c) Amount of cover provided: £__________

(minimum cover £5million)

d) I declare that I have put in place run-off cover in relation to my indemnity arrangements ☐
Section 5: your character

**Important:** Once registered you must tell the GCC within 7 days if you receive any criminal convictions, cautions, reprimands, warnings, Fixed Penalty Notices or Penalty Notices for disorders.


You must disclose, by virtue of the above Exception Orders, ALL criminal convictions, cautions, reprimands, warnings, Fixed Penalty Notices or a Penalty Notice for Disorders, whether ‘spent’ or not under the 1974 Act and its subsequent revisions unless protected. More information on what constitutes protected cautions and convictions can be found on our website [here](#).

You may need to include with your application

If you have any criminal convictions, cautions, reprimands, warnings or Fixed Penalty Notices provide a copy of any official documentation you have to confirm the details. We will also ask you to provide a DBS check.

**Alcohol and drug related offences**

If you have committed an offence involving alcohol/drugs we will ask you to attend a health assessment with a consultant psychiatrist. This is to ensure that you are in good physical and mental health.

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<th>a) Have you ever been convicted of a criminal offence, received a caution, reprimand, warning, Fixed Penalty Notice or Penalty Notice for Disorders or equivalent in the UK or overseas?</th>
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<td>Yes ☐ No ☐</td>
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b) If “Yes”, give the following details:

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<th>Nature of the offence:</th>
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<th>Name of the authority who dealt/is dealing with the offence:</th>
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<th>Country where offence was committed:</th>
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<th>Date of conviction, caution, reprimand, warning, FPN or PND:</th>
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| Details of sentence etc:  
Please continue on a separate sheet if necessary |
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<th>Circumstances leading to the offence, including any mitigation:</th>
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c) Since your last application to us, have there been any adverse findings, including any refusals to register, or are there any current investigations, against you by any regulatory body (except the GCC) in any country?

Yes ☐ No ☐

d) If ‘yes’, give details below:
Give details of the proceedings undertaken or contemplated, including approximate dates of the proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned. You will also need to enclose documentation to confirm the details of any proceedings.

Section 6: Declaration
Sign and date the declaration below to confirm you have read and understood it.

CAUTION: Please note that if any application is fraudulently procured or incorrectly made, action will be taken which may prevent you from restoring your name to the Register in the future.

☐ I declare that all information supplied by me in support of my application for registration with the General Chiropractic Council is, to the best of my knowledge and belief, true and accurate.

☐ I understand that the Registrar may take steps to verify any such information supplied by me, and that such steps may include a visit to any address at which I practise. In the event of any such visit I agree to cooperate fully.

☐ I understand that under Section 32(1) of the Chiropractors Act 1994 it is a criminal offence to describe myself as a chiropractor in the UK (whether expressly or by implication), if I am not registered with the General Chiropractic Council.

Signed: 

Dated: 
Statutory declaration

Relating to an application for voluntary removal from the Register of Chiropractors in accordance with Rule 9(1) of the General Chiropractic Council (Registration) Rules 1999

I,

(Registration number: 0)

of

do solemnly and sincerely declare as follows:

1. I wish to be removed from the Register of Chiropractors in accordance with the provisions of Rule 9(1) of the General Chiropractic Council (Registration) Rules Order of Council 1999

2. I am not aware of any matter which could give rise to an allegation under section 20 of the Act [Chiropractors Act, 1999] which might lead to the removal of my name from the register

   [Please delete the following if not applicable]

3. I am retiring from practice and confirm I have made arrangements to indemnify myself against any claims in perpetuity, in accordance with Section 6 of The GCC (Indemnity Arrangement) Rules 2015.

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act 1835.

Declared by

at

this day of

Signed

Before me (solicitor will sign and stamp here)

Solicitor/Commissioner for Oaths