

Application form for chiropractors with recognised qualifications

Who should fill in this form?

This form is for graduates applying for initial registration who hold a qualification recognised for the purposes of registration by the General Chiropractic Council.

What you need to do

1. Fill in this application form
2. Gather the supporting documents listed on pages 3 and 4
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 then 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

**General
Chiropractic
Council**



May 2017

Guidance notes

Important information

Please read this application form carefully before filling it in and refer to the notes where necessary. If your application form is not filled in properly, or your supporting documents do not meet the criteria explained in these notes or our website [\[here\]](#), your application will be delayed.

Processing your application

We aim to check your application within 1 full working day from its arrival. However this is not always possible and you should send it to us as soon as you can.

We will email you once we have checked your application, either with details of any outstanding requirements, or to let you know a decision has been made on your application.

Once registration is granted we will send you email confirmation with your registration number. A letter confirming registration, along with a certificate of registration and receipt for your fee, will be posted to you shortly after at the address you give in Section 1 of this form.

Once registered, your name will appear on the website. Please note that we do not list contact details if you pay the non-practising fee, although your address will be publicly available.

Before you post your application to us:

1. Make sure your application is filled in correctly and check the documents you send fit with the requirements listed in this form and on our website [\[here\]](#).
2. Make sure the documents are originals and that all signatures are original. We do not accept scanned documents (except insurance confirmation) or documents with electronic signatures.
3. Make your payment by credit or debit card, which clears our account immediately. Other payment methods take longer.
4. Make sure you provide current contact details including an email address so that we can get in touch with you easily.
5. If your practice details change after you send in your application, let us know as soon as you can so that we can update our records. Once registered you will be able to do this yourself online.
6. Check your emails regularly after you have applied as this is our preferred method of contact.
7. Check your junk email folder as messages can sometimes be “junked” automatically.
8. If you register as practising, please be aware that you will not be registered until your indemnity arrangements begin. You may therefore wish to start these arrangements as soon as possible.

Supporting documents to send with this form

You must post this form with your supporting documents to us at:

Registrations team
General Chiropractic Council
44 Wicklow Street
London
WC1X 9HL

Please note that we do not accept scanned documents, except for evidence of your indemnity arrangements.

Do not book patients until you receive confirmation from us that you have been registered.

Use this checklist to make sure you have included all of the documents we need to register you. You **must** include documents below marked as “*” with your application

a. Evidence of your identity

- * Certified copy of the page from your passport showing your personal details
To confirm your identity send us an original certified copy of your passport. The copy should state ‘**I confirm this to be a true and accurate copy of the original passport as seen by me**’, and must be signed by someone of [professional standing](#) or an officer at the college who awarded you with your chiropractic qualification. If you do not have a passport contact the registrations team on 020 7713 5155 x5501, or email registrations@gcc-uk.org.

b. Evidence of your chiropractic education

- * Confirmation of chiropractic qualification
You must send us either an original letter from your college confirming your chiropractic qualification or your original qualification certificate. Certified copies will not be accepted.

c. Evidence of your character

- * [Character reference](#)
Your reference must be written, dated and signed by someone of professional standing who has known you for four or more years and is not a patient, relative or employee. References are valid for 3 months from the date they are signed. Your reference must have an original signature. References with copied or electronic signatures will be rejected.
- [Police record check/ DBS check](#) (see Section 3: criminal offences)
If you have a criminal conviction, caution, reprimand, warning or Fixed Penalty Notice, send us evidence showing details of the offence. We will ask you to provide an up to date DBS check through the GCC. Please note you will be charged for this.
- [Certificate of good standing/ current professional status](#) (see Section 5: regulated practise)
If you are or have been registered to practise any regulated profession in any country, send us certificates of good standing from all of those regulatory bodies with whom you have been registered. Certificates are considered valid for 12 months from the date they are written.

d. Evidence that you are physically and mentally fit

* [Medical report](#)

Send us a medical report, written, dated and signed by your GP, who will have access to your medical notes for the past four or more years. If you are not registered with a GP, or your GP does not hold your medical records going back 4+ years, we will accept a medical report written based on an examination. A pro-forma report for your GP to complete can be found on our website [\[here\]](#).

e. Other documents

Certified translation

If any of the documents you provide are not in English, you must enclose a certified translation with the original. We only accept certified translations from members of the Institute of Translation & Interpreting (☎01908 325250, www.iti.org.uk), consular officials or similar.

[Indemnity arrangements](#)

If you intend practising in the UK, send evidence of your indemnity arrangements to show you are covered for providing chiropractic services, such as a copy of the insurance coversheet, or an email from your chiropractic professional association. The minimum amount of cover you must have is £5million.

f. * [Registration fee](#)

I am applying for: practising (£750) non-practising (£100)

If you are paying the non-practising fee, read the information on our website [\[here\]](#) and give your reasons for doing so below:

Please tick below how you will be paying the fee

- Electronic transfer**
Please note that there are different types of electronic transfer, some are immediate and others can take three working days to reach our account. Check with your bank before making the payment. Please use your surname as a reference so that we can trace your payment.

Electronic transfer payments should be made to:

Santander plc	Account Name:	General Chiropractic Council
Bridle Road	Account Number:	06989640
Bootle	Sort Code:	09-07-20
Merseyside	IBAN (Swift) No:	GB49 ABBY 0907 20069896 40
L30 4GB	BIC	ABBYGB2LXXX

Important: You may be charged additional fees for the transfer by your bank. This might happen if you pay from an overseas bank account. Please ensure you cover all associated costs.

- Credit or debit card**

Your name: GCC use only:

I wish to pay by:

Amount to be debited: £750 £100

American Express Delta Mastercard Visa Credit Visa Debit

Card number: Expiry date:

Card holder's name:

Card holder's signature:

Date (dd/mm/yy):

Refund policy

If registration is not granted after we have collected your fee, we will refund the full collected fee direct to your card.

Direct Debits for future retention fees

While it is not possible to pay your initial registration fee by direct debit, you can choose to do so for future retention fees.

Please note that the full fee must be paid before you are retained on the Register each year and so payment by instalments is in advance only. A direct debit instruction is on page 15 of this form.

This page is intentionally blank

Section I: your details

a. your personal details

You must give your full name as it appears on your passport or subsequent change of name documents.

Items below marked as (#) will be publicly available and appear on the GCC website.

Title (eg, Mr/ Mrs/ Miss/ Dr):

If you wish to use the courtesy title 'Dr' refer to the guidance on our website [\[here\]](#).

Female **Male**

Professional Surname:

Give the surname that you will practise under

Surname:

If different from the surname that you will practise under

First Name:

Other Names:

Date of Birth:

Nationality:

Give your current nationality below

Email address:

We will use the following email address for correspondence. Please give a private email as some of the messages we send include personal information

Mobile telephone number:

Section I: your details *continued*

b. Registered address details

If you register as practising, the address you give below must be your practice address and will form part of your publicly available registration details. This will be published on our website. It will also be the address we use for correspondence.

If you are registering as non-practising give your home address. This will not be shown on our website, but will be publicly available. We will also use it for correspondence.

Items below marked as (#) will be publicly available.

Practice Name:

Practice address or home address if non-practising:

Post Code:

Country:

Your telephone number at the above address:

Practice website address:

Practice email address:

If you intend working from more than one practice and would like additional practices listed on our website, provide the practice name, address and telephone number on a separate piece of paper, or you may add them yourself online once you have been granted registration.

Section 2: professional education & qualifications

a) Give the chiropractic qualification you achieved which is recognised for the purpose of registration with the GCC.

b) Give the names of all chiropractic institutions you have attended that led to you achieving the above qualification, along with the dates you attended them.

Institution	Date from DD / MM / YYYY	Date to DD / MM / YYYY

c) Give the name of the institution that awarded you with your chiropractic qualification.

d) Give the date on which you were notified that you had achieved the award, not the date of your graduation ceremony.

e) Were you subject to any sanctions over your fitness to practise when a chiropractic student? Yes No

f) If 'Yes', please give full details of any sanctions below:

Section 3: criminal offences

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.

Registration with the GCC is exempt from the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders (Northern Ireland) Order 1978 [S.I. 1978/1908 (N.I.27)] under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 [S.I. 1975/1023] and the Rehabilitation of Offenders (Exceptions) Order 1979 [S.R. 1979 No. 195].

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.

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?** Yes No

b) If "Yes", give the following details:

Nature of the offence:

Name of the authority who dealt/ is dealing with the offence:

Country where offence was committed:

Date of conviction, caution, reprimand, warning, FPN or PND:

Details of sentence etc:
Please continue on a separate sheet if necessary

Circumstances leading to the offence, including any mitigation:

Office use only:

Section 4: health

You do not need to include minor ailments.

- a) **Do you suffer from any ongoing medical problem, either physical or mental, which may adversely affect your ability to competently and safely practise chiropractic or affect the safety of others?** Yes No

- b) **If “Yes”, give full details:**

Office use only:

Section 5: registration with other bodies

- a) Are you a member, or have you applied to become a member, of a UK Chiropractic professional association? Yes No
- b) Are you or have you ever been registered to practise any regulated profession, in any country? Yes No

c) If you have answered “Yes” to a) or b), give the following details below:

Association and/ or Professional Regulatory Body	Start date DD / MM / YYYY	End date (if no longer a member) DD / MM / YYYY

The question below relates to decisions that have been made by a professional regulatory body, other than the GCC, in any country and at any time.

- d) Has 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

e) 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.

Office use only:

Section 6: declaration

Before signing and dating the form in the space below, read the declaration and tick all boxes to show you have read and understood each statement.

CAUTION: Applicants must note that if any entry on the Register is fraudulently procured or incorrectly made, action will be taken against them under the provisions of Section 10 of the Chiropractors Act, 1994.

- I shall, whilst in practice, secure and maintain indemnity arrangements against liability to or in relation to patients in respect of the prescribed risks.
- 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 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 agree to notify the General Chiropractic Council within 7 days of any criminal convictions, cautions, reprimands, warnings or Fixed Penalty Notices (other than for road traffic offences not leading to a disqualification) I receive.
- I declare that I have read **The Code: Standards of Conduct, performance and ethics for chiropractors** (2016) and I understand that my actions may be judged against the standards and principles it contains.
- I declare that I have read all current GCC guidance notes and will continue to read new guidance as and when published.

Signed:

Dated:

This is intentionally blank



Advanced retention payments

Only fill in this form if you wish to pay your retention fee in **ADVANCE**

I will make the following payment(s) to the GCC:

Frequency	Date	Please tick	PLEASE NOTE: If your Direct Debit starts after January, missed payments will be split equally between the remaining payments. Example: if a monthly DD starts in July, payments will be collected from July to October (4 payments of £200 each), and then £100 from the following January until October.
Monthly (10 payments)	January – October	<input type="checkbox"/>	
Quarterly (4 payments)	Jan/April/July/October	<input type="checkbox"/>	

If you choose to pay by direct debit the whole fee must have been paid **before** you apply for retention

Name:

Instruction to your Bank or Building Society

Please fill in the whole form and send it to:

General Chiropractic Council
44 Wicklow Street
LONDON WC1X 9HL

Service User Number

9	6	0	2	4	4
---	---	---	---	---	---



Name(s) of Account Holder(s)

Reference (for Office use only)

Bank/Building Society account number

Branch Sort Code

Your Bank/ Building Society details:

To: The Manager Bank/Building Society

Address

Postcode

Instruction to your Bank or Building Society
Please pay the General Chiropractic Council Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with the General Chiropractic Council and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change the General Chiropractic Council will notify you 7 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the General Chiropractic Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

This page is intentionally blank

DIVERSITY QUESTIONNAIRE



Completion of this form is entirely voluntary and is not a requirement of registration

We are committed to promoting and developing equality and diversity in all our work. We want to be as sure as we can that our policies and ways of working are fair and do not discriminate against individuals or groups. To help us monitor the effectiveness of our policies and practices we ask you to complete this diversity questionnaire. This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used to produce statistics to enable the GCC to look at the diversity profile of our registrants. Through this we can check a variety of processes to ensure equality and address issues as they arise. This form will be detached and securely destroyed once the data has been collected.

1. Ethnicity

Tick **ONE** of the boxes below that best represents your cultural background

Asian:

- Bangladeshi
- Indian
- Pakistani
- Other (please specify)

Mixed Ethnic:

- Asian & White
- Black African & White
- Black Caribbean & White
- Other (please specify)

Black:

- African
- Caribbean
- Black British
- Other (please specify)

White:

- White
- Irish
- Gypsy or Irish Traveller
- Other (Please specify)

Chinese:

- Chinese
- Other (please specify)

Any other ethnic background:

- Arab
- Other (please specify):

Prefer not to say

2. Disability

Do you consider yourself to have a disability?

The Equality Act 2010 defines disability as a physical or mental impairment which has substantial long-term effect on a person's ability to carry out normal day to day activities

- Yes No Prefer not to say

3. Gender identity

Tick one of the boxes below.

Is your gender identity the same as the gender you were assigned at birth?

- Yes No Prefer not to say

4 Religion/ belief

Tick **ONE** of the boxes below that represents your religion/ beliefs

- Buddhist Christian Hindu Jewish
 Muslim Sikh None Prefer not to say
 Other religion/ belief (Please specify):

5 Sexual orientation

Tick **ONE** of the boxes below that represents your sexual orientation

- Bisexual Gay man Gay woman or lesbian Heterosexual or straight Prefer not to say

Thank you for completing the questionnaire