2018 Retention application deadline

Your retention must have arrived at the GCC offices by 5pm on Thursday 30 November 2017.

Before we can retain your name on the Register for 2018 you must complete this application form and send us your retention fee.

Please return your completed application form and payment for the fee to:
  Retention application
  General Chiropractic Council
  44 Wicklow Street
  LONDON
  WC1X 9HL

If you have any questions about your retention application, please contact the registrations team on 020 7713 5155, or email us at registrations@gcc-uk.org
Section 1: your personal details

- Please read the application form carefully before you fill it in
- Check you have answered all of the questions. If you leave any questions unanswered your application will be delayed
- If you need advice on filling in the form, contact the Registrations Team:
  phone: 020 7713 5155 or email: registrations@gcc-uk.org

Further information you may need to send us

If your name has changed since your last application to the GCC then you must send us the original change-of-name documentation, which could be a marriage certificate or change-of-name deed.

If your change-of-name document is not in English, please send us a certified translation. A certified translation can only be provided by translators who are members of the Institute of Translation & Interpreting (01908 325250, www.iti.org.uk), or a consular official or similar. Please note that certified translations are not returnable.

Tick the boxes below for any documents you have included with this application:

☐ Marriage certificate
☐ Change-of-name deed
☐ Other (please say what) ________________________

Items below marked * will be publicly available and appear on the GCC website

<table>
<thead>
<tr>
<th>Registration number</th>
<th>0</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
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<tr>
<td>(eg Mr/ Mrs/ Miss/ Dr):</td>
<td></td>
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<tr>
<td>* Professional surname:</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
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<tr>
<td>* First name:</td>
<td></td>
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<tr>
<td>* Other names:</td>
<td></td>
</tr>
</tbody>
</table>
Section 2: your registered address details

The address you give as your registered address will form part of your registration details and will be the address that we use to write to you.

Important note:
You may give us more than one practice address to include on the GCC website. To do this, either log on to the GCC website (www.gcc-uk.org) and record the addresses yourself, or send us a separate list with this application and include the following additional information:

- practice names
- practice addresses
- phone numbers.

Your registered address (below) will always appear on the website.

In the boxes below give only the changes to your details for your principal practice, or if you are not practising give your home address.

* Items below marked * will be publicly available and will appear on the GCC website

* Practice name:

* Practice address or home address:

* Town:

* County:

* Post code:

* Country: (blank if UK)

* Your phone number at the above address:

Practice website address:
Section 3: other contact details

*Items below marked * will be publicly available and will appear on the GCC website

We will use this email address to contact you

Email address: 

Mobile phone number: 

* Public email address: 
Section 4: criminal offences

You must notify the GCC within 7 days of any criminal convictions or cautions you receive


Because of these Exception Orders you must disclose all criminal convictions, cautions or reprimands whether ‘spent’ or not under the 1974 Act and its revisions, OTHER THAN a protected caution or protected conviction.

Further information you may need to send us

If you have had any criminal convictions, cautions or reprimands since your last application that is not protected, you will need to send us a copy of any official documents you have so that we can check the details. Depending on the offence we may have to ask for further information.

**Important:** If you have been found guilty of a drink-driving or drug-related offence we will ask you to attend a health assessment with a consultant psychiatrist. This is so that we can be as sure as we can that you are in good health, both physically and mentally.

- Tick this box if you have included a police record check or Certificate of Conviction with this application

<table>
<thead>
<tr>
<th>a</th>
<th>Have you been convicted of a criminal offence, received a caution, reprimand, warning, Fixed Penalty Notice (other than for traffic related offences) or Penalty Notice for Disorders or equivalent in the UK or overseas, since your last application?</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
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<tbody>
<tr>
<td>b</td>
<td>If ‘Yes’, give the following details:</td>
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<table>
<thead>
<tr>
<th>Your name when the offence was committed:</th>
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<tr>
<td>The nature of the offence:</td>
</tr>
<tr>
<td>The name of the court where you were convicted or the police force if you were cautioned:</td>
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<tr>
<td>The country where the offence was committed:</td>
</tr>
<tr>
<td>Date of the conviction or caution (dd/mm/yyyy):</td>
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</table>

Sentence or caution (for example, the term of imprisonment, fine, probation):

Please continue on a separate sheet if necessary, for every criminal conviction or caution
Section 5: health

Important note:
You must declare any periods of illness that have adversely affected your ability to competently and safely practise chiropractic. You do not need to include:
  - Minor ailments
  - Illnesses that have now completely resolved and are unlikely to recur.

Where a health condition is disclosed, the Registrar may take steps to verify the facts and to ensure that you do not pose any risk to patients or colleagues. He may ask for a report from your GP or requesting that you attend a health assessment by a suitable specialist.

a Have you suffered from any medical problem, either physical or mental, which has adversely affected your ability to competently and safely practise chiropractic or has affected the safety of others?  
Yes ☐ No ☐

b If ‘Yes’, give full details:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Section 6: membership and registration with other bodies

This section covers your registration with other professional regulatory bodies in any country.

a  Are you registered to practise as a chiropractor outside the UK?  
   Yes ☐  No ☐

b  Are you registered to practise any other regulated profession, in any country?  
   Yes ☐  No ☐

c  If you have answered ‘Yes’ to a or b above, give the following details:

<table>
<thead>
<tr>
<th>Name of association or regulatory body</th>
<th>From DD / MM / YYYY</th>
<th>To DD / MM / YYYY</th>
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Section 7: regulated practice

This section is about decisions that have been made about you by a professional regulatory body in any country and at any time since your last application for registration or retention.

This section does not apply to any complaints that have been made against you to the GCC.

‘Professional regulatory body’ means an organisation that keeps a register of people who have satisfied the body that they are competent to practise. This body may be a voluntary professional association such as a chiropractic association, or a statutory body such as the Nursing and Midwifery Council.

Further information you may need to send us

If you answer ‘Yes’ to any of the questions in section 7 you must enclose documentary evidence. If you need more space to answer any of the questions, please continue on a separate piece of paper – mark each extra sheet so that we know which question you are answering, for example ‘7a’, ‘7b’ and so on.

☐ Tick this box if you have included documents about disciplinary proceedings

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a Have you, since your last application for registration or retention, been refused registration by any professional regulatory body? Yes ☐ No ☐

b Have you, since your last application for registration or retention, been struck off any register by any professional regulatory body? Yes ☐ No ☐

c Have you, since your last application for registration or retention, been suspended by any professional regulatory body? Yes ☐ No ☐

d Have there, since your last application for registration or retention, been any other disciplinary findings made against you by any professional regulatory body? Yes ☐ No ☐

e Are there any unresolved complaints against you that have been made to any professional regulatory body? Yes ☐ No ☐

f If you have answered ‘Yes’ to a, b, c, d or e above, give details for each complaint or finding:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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Section 8: professional negligence

Further information you may need to send us

If you answer ‘Yes’ to Section 8a, you must give full details in Section 8b.

We will also ask you to send us documentary evidence of any findings.

☐ Tick this box if you have included a copy of a court judgment with this application

a Has any allegation of professional negligence been found to have been proved in a Civil Court in any country since your last application for registration or retention?

   Yes ☐  No ☐

b If ‘Yes’, give full details of any judgment that was given against you:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Section 9: indemnity arrangements

Under The General Chiropractic Council (Indemnity Arrangements) Rules Order of Council 2015, all registered chiropractors who practise chiropractic in the UK must have in place professional arrangements covering them for offering chiropractic services. The minimum level of cover required is £5 million and the insurance must include run-off cover.

a  Are you practising as a chiropractor in the UK?  
   Yes ☐  No ☐

b  If ‘Yes’, give the following details of your indemnity arrangements

   Name of the insurance company:  
   Please do not give the name of your professional association as the name of the insurance company

   Date of next annual renewal:  / /  
   This is the date when, for example, your current insurance policy is next due for renewal

   Amount of cover provided: £ million  
   The minimum level of cover required under the GCC (indemnity arrangement) Rules 2015 is £5 million

c  If your indemnity arrangements are through one of the UK professional chiropractic associations, please tick which one below.
   ☐ British Chiropractic Association
   ☐ McTimoney Chiropractic Association
   ☐ Scottish Chiropractic Association
   ☐ United Chiropractic Association

   If you do not arrange to indemnify yourself through any of the remaining associations above, please provide us with a copy of the insurance coversheet, showing your name, the dates and amount of cover.

d  Please confirm whether you are happy for the GCC to contact your association to check the details you have provided above.
   Yes ☐  No ☐

   If you are not prepared to give consent for the GCC to contact the association you have listed, you will need to include a copy of your insurance policy schedule when you return this form.
Section 10: fees
Please tick to indicate which fee you will be paying for 2018
a. Practising: £800
b. Non practising: £100

Only answer the following questions if you are applying for non-practising registration
i. If you are applying for non practising registration, please state below your reasons, e.g., maternity leave, illness.

i. I confirm that I do not intend practising in the UK for the duration of 2018
   Yes ☐ No ☐

ii. I understand that I have the same responsibilities as someone who pays the practising fee, including completing CPD
   Yes ☐ No ☐

iii. I understand that I must transfer to practising registration before I resume practising as a chiropractor in the UK
   Yes ☐ No ☐

How to pay your fee
If you haven’t been paying your fee by direct debit/ standing order you can pay your fee either by:

Cheque
Cheques (sterling only and from a UK bank account) should be made out to ‘General Chiropractic Council’.

Credit and Debit Card
Please note that it is only possible to pay your retention fee with a credit/ debit card if you complete the online retention application form. We do not take card payments over the phone.

Electronic transfer payments

Important: These account details below are for electronic transfers only. You will not be able to make a payment into the account at a branch of any bank.

There are different types of electronic transfer. Some are immediate and others take three working days to arrive in the GCC account. Check before you make the transaction which type your transfer is.

The GCC bank account details are:
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 2006 9896 40
L30 4GB  BIC: ABBYGB2LXXX

Please make sure that you use your surname and registration number as a reference when you make the transfer (for example, Smith/09999) so that we can easily identify your payment.

Also, make sure you cover any charges for the transfer so that the correct amount reaches our account. These are particularly likely if you are making a payment from a foreign bank account. We will not be able to confirm your retention on the Register until the full fee has arrived.
Section 11: declaration
Please check your application carefully, read the declaration and tick the boxes alongside each statement below to show that you have read and understood them. Then you sign and date the form in the space provided.

Warning: If you fraudulently obtain entry on the Register or give false information, action will be taken under Section 10 of the Chiropractors Act, 1994.

☐ I declare that all the information given by me to support my application for retention of 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 check any such information supplied by me, and that these steps may include a visit to any address at which I practise. If there is such a visit I agree to cooperate fully.

☐ I shall, whilst in practice, secure and maintain indemnity arrangements against liability to or in relation to patients in respect of the prescribed risks and will update the GCC with my indemnity arrangements within 7 days of the renewal date or any change to those details.

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

☐ I agree to notify the General Chiropractic Council within 7 days of any criminal convictions, cautions, warnings, Fixed Penalty Notices, or Penalty Notice for Disorders I receive, or equivalent, in the UK or overseas.

☐ I declare that I have read The Code: Standards of conduct, performance and ethics for chiropractors, 2016 and 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: / / 2017

Please send the completed application form and any supporting documents sent to:

Registrations Team Phone: +(0)20 7713 5155
General Chiropractic Council Email: registrations@gcc-uk.org
44 Wicklow Street Web: www.gcc-uk.org
London
WC1X 9HL
Processing your application

If we have an email address for you on our records, we will send you a message to let you know your application has arrived.

Once we have checked your application we will either tell you about anything else we need, or we will let you know when the Registrar has made a decision on your application.

You can check the progress of your retention application at any time, by logging in to online services via our main website (www.gcc-uk.org).

We will update your registered details with any changes that you tell us about on your application form at the point we process your application. These will then show on the GCC website. This is likely to be within a few days of our receiving your application.

Things that will speed up your application

☑ Make sure your application is complete before you post it to us. Check that any supporting documents you send follow the guidelines we have given.

☑ Make sure you give us your current contact details and an email address so that we can contact you easily. If you are in the process of moving practices make sure you keep us up to date with any new address.

☑ If you have new or additional practice details let us know so that we can add them to your website listing.

☑ Check your emails regularly after you apply for retention on the Register as this is our preferred method of contact.

☑ Check your junk email folder. Messages can sometimes be ‘junked’ automatically.

Deadlines

In accordance with the Registration Rules, 1999, we must advise you that unless a duly completed application is made on or before the due date of Thursday 30 November 2017, you are liable to be removed from the Register.
Not staying on the Register for 2018?

If you do not want to keep your name on the Register for 2018 and you are not being investigated by the GCC, you have two options:

1 Let your registration ‘lapse’
   Do not send back your retention form and your registration will end on 14 December 2017.

   If you do nothing, your name will be removed from the register because you have not applied for retention by the due date. It would help us if you let us know this is what you want, as we always chase up overdue applications.

2 Apply for voluntary removal from the register
   To do this you need to fill in an application for removal from the register. You will also have to provide a statutory declaration, signed by either a solicitor or commissioner for oaths, to the effect that you are not aware of any matter that may give rise to an allegation against you under Section 20 of the Chiropractors Act 1999.

   You can download an application form and statutory declaration from our website, or we can post a copy to you.
Paying your annual retention fee by Direct Debit

It is now too late to pay the 2018 retention fee by Direct Debit. This is because all payments have to be paid in advance and before the 30 November 2017 deadline.

2019 fee: Tick one of the boxes on the left if you want to pay by Direct Debit. Payments can be collected either quarterly (£200 in January, April, July and October) or monthly (£80 from January to October). If the Direct Debit starts later than January 2018 any missed payments will be split equally between the remaining payments. This means that if there is only one payment date left the full payment will be collected on the last payment date in October.

Name:

Instruction to your bank or building society

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Please tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly</td>
<td>☐</td>
</tr>
<tr>
<td>Monthly</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please fill in the whole form using a ball-point pen and send

General Chiropractic Council
44 Wicklow Street
LONDON WC1X 9HL

Reference (for Office use only)

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 or Building Society.

To: The Manager

Bank/Building Society

Address

Signature(s)

Date

Postcode

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.