**Application form for overseas chiropractors**

© General Chiropractic Council July 2013

**who have EU community rights**

**Who should fill in this form?**

This form is for those chiropractors working as chiropractors within the European Economic Area (EEA), are EEA nationals or have community rights and wish to establish themselves as chiropractors in the UK under EU General Directive 2005/36/EC.

What you need to do

1. Fill in this application form
2. Gather the supporting document needed as listed on pages 2 and 3
3. Print, sign and email this form and supporting documents to us at [registrations@gcc-uk.org](mailto:registrations@gcc-uk.org)

This form is valid for three months from the date you sign the declaration in section 6. If registration has not been granted by the end of that period you must send us a newly completed 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](mailto:registrations@gcc-uk.org)



**July 2018**

Park House, 186 Kennington Park Road, LONDON, SE11 4BT Tel: +(0)20 7713 5155 [enquiries@gcc-uk.org](mailto:enquiries@gcc-uk.org) [www.gcc-uk.org](http://www.gcc-uk.org)

**Checklist of supporting documents**

**Please email this form to** [**registrations@gcc-uk.org**](mailto:registrations@gcc-uk.org)

**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

Before you can apply for registration, we will need to assess your chiropractic education and skills to ensure they meet the same standards as chiropractors applying with accredited chiropractic qualification. To do this you will need to send us:

**Documents we need to assess your chiropractic education**

1. **Evidence of your identity**

You will need to show to us that you have exempt person status by sending us either a copy of a valid national identity card or passport issued by an EEA state. The copy must 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](http://www.gcc-uk.org/UserFiles/Docs/Registrations/What%20is%20professional%20standing.pdf) or an officer at the college who awarded you with your chiropractic qualification.

1. [**Proof of your chiropractic qualification**](http://www.gcc-uk.org/registration/applications/applying-under-the-eu-general-directive.aspx)

You must send us all of the following:

a certified copy of your chiropractic qualification

a certified copy of your academic transcript giving details of the modules you undertook and the result you achieved

a course guide or handbook showing the modules you studied and the expected outcomes of those modules; and

a certificate of current professional standing if you are currently practising in a country that regulates the practice of chiropractic

a completed [form for mapping your professional education and work experience to the GCC Degree Recognition Criteria](http://www.gcc-uk.org/UserFiles/Docs/Registrations/EU%20applications%20skills%20assessment%2009Oct17.doc)

**Documents you must send for registration**

Once we have recognised your chiropractic qualification, you will be able to apply for registration. A registration application consists of the following documents. Please refer to the notes on our [website](http://www.gcc-uk.org/registration/applications/applying-under-the-eu-general-directive.aspx), which give details of the documents you will need to send us

1. **Evidence of establishment in an EEA member state**

a [certificate of current professional status](http://www.gcc-uk.org/UserFiles/Docs/Registrations/Certificates%20of%20Good%20Standing%200316.pdf), showing the date on which you were registered to practice in the member state and confirming your standing; or

[evidence such as tax documentation](http://www.gcc-uk.org/registration/applications/applying-under-the-eu-general-directive.aspx), showing you have been established as a chiropractor in a member state for either two or three years depending on your circumstances.

1. [**Evidence that you are physically and mentally fit**](http://www.gcc-uk.org/registration/before-you-apply/your-health.aspx)

Provide either a medical report from your GP, or confirmation from your regulatory body. A pro-forma report for your GP to complete can be found on our website.

1. [**Evidence of your good character**](http://www.gcc-uk.org/registration/before-you-apply/police-cautions-and-criminal-convictions.aspx)

If you are applying from a country where chiropractic is not regulated, you must provide a police record check from the national repository of criminal records. Further details on convictions, cautions and reprimands you may need to declare can be found [[here](http://www.gcc-uk.org/registration/before-you-apply/police-cautions-and-criminal-convictions.aspx)]

1. **Other documents**

Certified translation

If any of your documents are not in English, you must enclose a certified translation with the original. We suggest contacting the Institute of Translation and Interpreting ([www.iti.org.uk](http://www.iti.org.uk))

[Indemnity arrangements](http://www.gcc-uk.org/registration/information-for-chiropractors-who-are-on-the-register/insurance-and-indemnity.aspx)

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

1. **Registration fee**

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

If you are applying for non-practising registration, read the information on our website [[here](http://www.gcc-uk.org/registration/information-for-chiropractors-who-are-on-the-register/non-practising.aspx)] and give your reasons below:

|  |
| --- |
| Click here to enter text. |

**This page is intentionally blank**

**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 arrive into the GCC account. You will need to check with your bank first. Please use your surname as a reference so that we can trace your payment.

Make your electronic transfer payment to:

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

**Important:** You will need to cover any fees for the transfer so that the full amount reaches our account. This may happen if you are making a payment from an overseas bank.

Credit or debit card

Please complete and return the card payment form on our website [[here](http://www.gcc-uk.org/registration/fees/)].

Refund policy

If, after we have collected your fee, you do not then proceed to registration we will refund the registration 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.

**Guidance notes – registration**

Please note this guidance relates to registration applications and note applications for recognition of education and skills.

**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](http://www.gcc-uk.org/registration/applications/applying-under-the-eu-general-directive.aspx)], your application will be delayed.

**Processing your application**

We normally check registration applications 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 an email to confirm your registration and 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](http://www.gcc-uk.org/registration/applications/applying-under-the-eu-general-directive.aspx)].
2. Make your payment by credit or debit card, which clears our account immediately. Other payment methods take longer.
3. Make sure you provide current contact details including an email address so that we can get in touch with you easily.
4. 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.
5. Check your emails regularly after you have applied as this is our preferred method of contact.
6. Check your junk email folder as messages can sometimes be “junked” automatically.
7. 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.

**Section 1: 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’ should refer to the guidance on our website [[here](http://www.gcc-uk.org/registration/information-for-chiropractors-who-are-on-the-register/guidance-for-registrants-using-their-registered-name-and-the-gcc-registration-number.aspx#Can chiropractors use the title 'Dr' when advertising?)]. | | | | | | | | |
|  | | Click here to enter text. | | |
| **# Female**  **Male** | | | |  | | | | |
|  | | | |  | | | | |
| **# Professional Surname:**  Give the surname that you will practise under | | | | | | | | |
|  | | Click here to enter text. | | |
| **Surname:**  If different from the surname that you will practise under | | | | | | |
|  | | Click here to enter text. | | |
|  | | | |  | | | | |
| **# First Name:** | | |  | | | |
|  | | Click here to enter text. | | |
| **# Other Names:** | | | | | | | | |
|  | | Click here to enter text. | | | | | |
| **Date of Birth:** | | |  | | |
|  | Click here to enter a date. | | | | | | | |
|  | | | |  | | | | |
| **Nationality:**  Give your current nationality below | | | | | | | | |
|  | | Click here to enter text. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Email address:**  We will use the following email address for correspondence. Please give a private email as some of the messages we send you will include personal information | | | | | |
| Click here to enter text. | | | | | |
|  |  | |
| **Mobile telephone number:** | |  | | |
| Click here to enter text. | | | |

**Section 1: 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 that 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:** | | | | | | | |  | | | |
| Click here to enter text. | | | | | | | | | | | |
| **# Practice address or home address if non-practising:** | | | | | | | | | | | |
|  | | | | | | | | |  | | |
| Click here to enter text. | | | | | | | | | | | |
|  | | | | | | | | |  | | |
|  | | | | | | | | |  | | |
| **# Post Code:** | Click here to enter text. | | |  |  | |
|  | |  |  |  | |
| **# Country:** | Click here to enter text. | | |  |  | |
| **# Your telephone number at the above address:** | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | |
| **Practice website address:** | | | | | | | | | | | |
| Click here to enter text. | | | | | | | |  | | | |
| **# Public email address:** | | | | | | | | | | | |
| Click here to enter text. | | | | | | | |  | | | |

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.

**Give details below of how you meet the requirement for exempt person status under** [**Directive 2004/38/EC**](http://www.gcc-uk.org/registration/before-you-apply/applying-for-registration-when-you-hold-eu-community-rights.aspx)

|  |
| --- |
| Click here to enter text. |

**Section 2: professional education & experience**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **What chiropractic qualifications do you have?**   Give the title of your chiropractic qualification. | | | |
| Click here to enter text. | | | |
| 1. **At which institution did you qualify as a chiropractor?**   Give the name of the institution that awarded you with your chiropractic qualification. | | | |
| Click here to enter text. | | | |
|  |  |  | |
| 1. **Give the date did on which you were notified that you had achieved the award, not the date of your graduation ceremony** | | | |
| Click here to enter a date. | | |  |
| |  |  | | --- | --- | | **e) Were you been 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:** | | | Click here to enter text. | | | | | |

1. **How do you meet the requirements to show you are eligible to work as a chiropractor in the UK under** [**EU Directive 2005/36/EC**](http://www.gcc-uk.org/registration/applications/applying-under-the-eu-general-directive.aspx)**.** **Give details below.**

|  |
| --- |
| Click here to enter text. |

**Section 3: criminal offences**

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

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 or Fixed Penalty Notices not resultant from a road traffic offence (unless it lead to a disqualification), 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](http://www.gcc-uk.org/registration/before-you-apply/police-cautions-and-criminal-convictions.aspx)].

**You may need to include with your application**

If you have any criminal convictions, cautions, reprimands, warnings of Fixed Penalty Notices provide a **copy of any official documentation** you haveto confirm the details.

**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 or Fixed Penalty Notice (other than for a road traffic offence) or equivalent in the UK or overseas?** | **Yes**  **No** |
| **b) If “Yes”, give the following details:**   |  |  | | --- | --- | | Nature of the offence: | Click here to enter text. | |  |  | | Name of the authority who dealt/ is dealing with the offence: | Click here to enter text. | |  |  | | Country where offence was committed: | Click here to enter text. | | Date of conviction, caution, reprimand, warning of FPN:  Click here to enter a date. |  | |  |  | | Details of sentence etc:  Please continue on a separate sheet if necessary | | | Click here to enter text. | | | |

Circumstances leading to the offence, including any mitigation:

|  |
| --- |
| Click here to enter text. |

**Section 4: health**

Office use only:

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?**  Office use only: | **Yes  No** |
| **b) If “Yes”, give full details:** | |
| Click here to enter text. | |
|  | |
|  | |
|  | |
|  | |

**Section 5: regulated practice**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Are you a member, or have you applied to become a member, of a UK Chiropractic professional association?** | | **Yes  No** | |
| 1. **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 |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. |

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) 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**

1. **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.

Click here to enter text.

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 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 or cautions I receive.  I confirm that I intend establishing myself as a chiropractor in the United Kingdom as an employed or self-employed person and on a permanent basis.  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:** | Click here to enter a date. |

**This page is intentionally blank**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prepaid 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 |  |
| Quarterly  (*4 payments*) | Jan/April/July/October |  |
| If you choose to pay by direct debit the whole fee must have been paid **before** you apply for retention | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | |  | | | |  | | | | | | | | | |
| **Name:** | Click here to enter text. | | | | | | | | | | | | | | | | |
| **Instruction to your Bank or Building Society** | | | | | | | | | | | | | |  | | | | | |
| Please post this completed form to: | | | | | | | | | |  | **Service User Number** | | | | | | | | |
| General Chiropractic Council  Park House, 186 Kennington Park Road  LONDON SE11 4BT | | | | | | | | | |  | **9** | **6** | **0** | **2** | **4** | **4** |  | | |
|  |  | | | | | | | | |
| **Name(s) of Account Holder(s)** | | | | | | | | | |  | **Reference (for Office use only)** | | | | | | | | |
| Click here to enter text. | | | | | | | | | |  |  | | | | | | | | |
| Click here to enter text. | | | | | | | | | |  | **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. | | | | | | | | |
| **8 digit Bank/Building Society account number** | | | | | | | | | |  |
| Click here to enter text. | | | | | | | |  | |  |
| **6 digit Branch Sort Code** | | | | | | | | | |  |
| Click here to enter text. | | | | | |  |  |  | |  |
| **Name and postal address of your Bank/ Building Society** | | | | | | | | | |  |
| To: The Manager | | Bank/Building Society | | | | | | | |  |
| Click here to enter text. | | | | | | | | | |  |
| Address | | | | | | | | | |  | Signature(s) | | | | | | | | |
| Click here to enter text. | | | | | | | | | |  |  | | | | | | | | |
|  |  | | | | | | | | |
| Postcode | | | |  | | | | | |  | Date | | | | | | | | |
| Click here to enter text. | | | | | | | | | |  | Click here to enter a 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. | | | | | | | | | | | | | | | | | | | |

© General Chiropractic Council July 2017

**This page is intentionally blank**

**1. Ethnic origin**

**DIVERSITY QUESTIONNAIRE**

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

The General Chiropractic Council is 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 held separately from the rest of your registration file.

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)* | |
| Click here to enter text. |  | Click here to enter text. |  |
| **Black:**  African  Caribbean  Black British  Other *(please specify)* | | **White:**  White  Irish  Gypsy or Irish Traveller  Other (Please specify) | |
| Click here to enter text. |  | Click here to enter text. |  |
| **Chinese:**  Chinese  Other *(please specify)* | | **Any other ethnic background:**  Arab  Other (please specify): | |
| Click here to enter text. |  | Click here to enter text. |  |
|  |  |  |  |
| 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**



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):* | | | Click here to enter text. | | |  | |

**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*