**Form of application for chiropractors**

**transferring to practising registration**

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**Who should fill in this form?**

This application form is for anyone registered as non-practising who now wishes to transfer to practising registration status outside of the retention period.

**What you need to do**

1. Fill in this application form
2. Email a single document pdf ONLY of this document to registrations@gcc-uk.org

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

**Guidance notes**



**April 2021**

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

**Important information**

Please read this application form carefully before filling it in and refer to the notes where necessary. If you application form is not filled in properly or if any of your supporting documents do not meet the criteria explained in these notes, your application may be delayed.

**Processing your application**

We will normally check your application within 10 working days of its arrival, excluding weekends and bank holidays, however this is not always possible and you should therefore leave plenty of time for registration to be completed.

Once we have checked your application you will either hear from us, normally by email, with details of any outstanding requirements or we will let you know when a decision has been made on your application.

Once the transfer has been agreed we will send you an email to confirm this along with a letter confirming your registration, certificate of registration and receipt for your fee.

Once transferred, your name will appear on the website as practising.

**Things that will help us process your application**

1. Ensure your application is filled in correctly before you send it to us. Check that the supporting documents fit with the requirements we have listed on the website.
2. Make your payment by card which will clear our account immediately. Electronic transfers can take 3 working days to appear in our account.
3. Make sure you provide current contact details and an email address so that we can get in touch with you easily.
4. If you have new practice details please provide them as soon as you can so that we can add them to your website listing. Once registered you will be able to do this yourself online.

**Important:** we are required to list an address for you on the Register. If you do not provide us with a practice address we will list your home address instead.

1. Check your emails regularly after you apply for registration as this is our preferred method of contact.
2. Check your junk email folder as messages can sometimes be “junked” automatically.
3. Please be aware that you will not be registered as practising until your indemnity start date. You may therefore wish to start these arrangements as soon as possible.

**Section 1: your details**

|  |  |
| --- | --- |
| **GCC Registration number (if known)**e.g. 09999 |       |

If you have paid the non-practising fee for more than two years in a row, you will need to complete a Self-Assessment form to show how you have remained up to date within the context of **The Code: Standards of Conduct, Performance and Ethics for Chiropractors** (2016). You will find the form on Transferring to Practising Registration page of our website ([www.gcc-uk.org](http://www.gcc-uk.org))

**a. Personal details**

You must give all of your names as they appear on your Birth Certificate or any subsequent other change of name documents.

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

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| --- |
|  **Title (eg, Mr/ Mrs/ Miss/ Dr):**Applicants wishing to use the courtesy title ‘Dr’ should refer to the guidance on our website |
|  |       |
| **# Female** [ ]  **Male** **[ ]**  |  |
|  |  |
| **# Professional Surname:**Give the surname that you will be practising under |
|  |       |
|  **Surname:**If different from the surname that you will be practising under |
|  |       |
|  |  |
| **# First Name:** |  |
|  |       |
| **# Other Names:** |
|  |       |

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| --- |
|  **Email address:**We will use this address for GCC correspondence. Please give a personal email address as some of the messages we send you will include personal information |
|       |
|  |  |
|  **Mobile telephone number:** |  |
|  |  |

**Section 1: your details *continued***

**b. Registered address details**

The address you give as your registered address will form part of your registration details and will be available to the general public and on the GCC website. It will also be the address that we use for correspondence.

|  |
| --- |
| Give the details of where you plan to practise or, if you don’t know this yet, then your home address.Items below marked as (#) will be publicly available. Your registered address will appear on the website. |
| **# Practice Name:** |  |
|       |
| **# Practice address or home address:** |
|  |  |
|       |
|  |  |
| **# Post Code:** |       |  |  |
|  |  |  |  |
| **# Country:** |       |  |  |
| **# Your telephone number at the above address:** |
|  |       |
|  **Practice website address:** |
|       |  |
| **# Public email address:** |
|       |  |

If you will be working from more than one practice and would like your additional practice details listed on the GCC website, please 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: 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](https://www.gcc-uk.org/assets/downloads/Health_and_good_character_Guidance_July2019.pdf)].

**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 haveto 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: | 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, FPN or PND:  | 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 3: health**

You do not need to include minor ailments.

|  |  |
| --- | --- |
| **a) Since your last application to us, have you suffered from any medical problem, either physical or mental, which could have adversely affect your ability to competently and safely practise chiropractic or affect the safety of others?** | **Yes** **[ ]  No** **[ ]**  |
| **b) If “Yes”, give full details:**  |
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**Section 4: regulated practice**

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| --- | --- |
| 1. **Are you a member, or have you applied to become a member, of any of the UK Chiropractic professional associations?**
 | **Yes** **[ ]  No** **[ ]**  |
| 1. **Are you or have you ever been registered to practise any regulated profession, in any country?**
 | **Yes** **[ ]  No** **[ ]**  |
| **d) If you have answered “Yes” to a) or b), give the following details below:** |
| Association and/ or Professional Regulatory Body | Date fromDD / MM / YYYY | Date toDD / MM / YYYY |
|  |       |       |
|  |       |       |
|  |        |       |

The questions below relate to decisions that have been made by a professional regulatory body in any country and at any time since your last application for registration or retention on the Register.

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

If you answer yes to any of the questions below, please give details on a separate sheet of the proceedings undertaken or contemplated, including the approximate date 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.

|  |
| --- |
| **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 ☐****e) If ‘yes’, give details below:** |
|  |

**Section 5: declaration**

Read the declaration and tick all boxes below to confirm you have read and understood it, before signing and dating the form in the space provided.

**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 confirm that my First Aid provision is suitable for patient and is cognisant of the first aid scenarios that may arise.[ ]  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 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:**  |  |

**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 2018 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. Ethnic origin**

 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🞎 Other *(please specify)* | **White:**🞎 White🞎 Irish🞎 Other (Please specify) |
|  |  |  |  |
| **Chinese:**🞎 Chinese🞎 Other *(please specify)* | 🞎 **Any other ethnic background:** *(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 a 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):* |       |  |

**5 Sexual orientation**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞎 Bisexual | 🞎 Gay man | 🞎 Gay woman | 🞎 Heterosexual | 🞎 Prefer not to say |

*Thank you for completing the questionnaire*