

# APPLICATION FORM

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

## Registration for EEA and Swiss Nationals (and Non-EEA/Swiss Nationals with EC Rights) who have Qualified in an EEA Member State (other than the United Kingdom) or Switzerland

This application form is for doctors who are nationals of the [European Economic Area \(EEA\)](#) or Switzerland (or non-EEA/Swiss nationals with European Community (EC) rights) who have qualified in another EEA Member State or Switzerland. The registration covered by this form includes provisional, full and specialist registration, as well as recognition of certificates of specific training, and of acquired rights, in general medical practice awarded by other EEA Member States and Switzerland. If you already hold registration with the GMC and want to apply for a different type of registration please complete this form. This application form was issued in April 2003.

The information you provide will be used to update the registers, administer and maintain your registration, process complaints, compile statistics, and send you GMC guidance, news and Council election materials. We will make your register entries available to any enquirer and as part of the published registers. We publish the medical register on the Internet without address details and supply register data to the Department of Health, professional, educational and training bodies so they can collect their own information and compile statistics.

PLEASE READ THE FOLLOWING FACTSHEETS BEFORE COMPLETING THIS FORM:

- ? [GUIDANCE NOTES FOR MAKING AN APPLICATION FOR REGISTRATION](#)
- ? [REGISTRATION FOR EEA AND SWISS NATIONALS \(AND NON-EEA/SWISS NATIONALS WITH EC RIGHTS\) WHO HAVE QUALIFIED IN AN EEA MEMBER STATE \(OTHER THAN THE UNITED KINGDOM\) OR SWITZERLAND](#)
- ? [EC RIGHTS factsheet](#) (if you are a non-EEA/Swiss national)
- ? Your individual [EEA MEMBER STATE/SWISS country factsheet](#)

PLEASE COMPLETE THIS FORM IN FULL. WRITE CLEARLY AND IN CAPITALS.

### 1. Your personal details

My GMC reference number is (if known):

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<b>FAMILY NAME</b>	
<b>FIRST NAMES</b>	
<b>DATE OF BIRTH</b>	
<b>GENDER</b>	<b>MALE / FEMALE</b> (delete as appropriate)
<b>FULL ADDRESS</b>	
	<b>Postcode</b> <b>Country</b>
<b>EMAIL</b>	
<b>TELEPHONE NUMBER(S)</b>	
<b>FAX NUMBER</b>	

## 2. Your nationality

NATIONALITY	Tick v	PLEASE COMPLETE
I am an EEA/Swiss national.		I am a national of : <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">             (Please write the country above)           </div>
I am a non-EEA/Swiss national who is married to an EEA/Swiss national who is exercising EC rights of freedom of movement.		I am a national of : <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">             (Please write the country above)           </div> My spouse is a national of: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">             (Please write the country above)           </div> <i>Please read the <a href="#">EC Rights factsheet</a> if you are a non-EEA/Swiss national with EC rights.</i>

## 3. Registration

I am applying for the following type(s) of registration with the GMC	Tick v
a) Provisional registration.  <i>Please read your EEA Member State factsheet and complete parts 4, 8, 9 and 10 of this application form.</i>	
b) Full registration after previously holding provisional registration or pre-registration limited registration.  <i>Please read your EEA Member State factsheet and complete parts 4, 5, 8, 9 and 10 of this application form.</i>  <i>If you want to train in general medical practice in the UK, tick part 3. f. of this application form.</i>  <i>If you want to apply for specialist registration, please tick part 3.d. If you want to apply for recognition of your certificate of specific training, or of acquired rights, for general medical practice, please tick 3.e, and also complete parts 6 and 7 if you hold a certificate of specific training for general medical practice.</i>	
c) Full registration without previously holding provisional registration or pre-registration limited registration.  <i>Please read your EEA Member State/Swiss factsheet and complete parts 4, 5, 8, 9 and 10 of this application form.</i>  <i>If you want to train in general medical practice in the UK, tick part 3. f. of this application form.</i>  <i>If you want to apply for specialist registration, please tick part 3.d. If you want to apply for recognition of your certificate of specific training, or of acquired rights, for general medical practice, please tick 3.e, and also complete parts 6 and 7 if you hold a certificate of specific training for general medical practice.</i>	

<p>d) Specialist registration.</p> <p>PLEASE NOTE: You need to have full registration with the GMC before your name can be included in the specialist register.</p> <p><i>Please read your EEA Member State/Swiss factsheet and complete parts 6 and 10 of this application form.</i></p>	
<p>e) I want to work as a general medical practitioner in the UK.</p> <p>PLEASE NOTE: You need to have full registration with the GMC before we can confirm your exemption from UK training requirements for general medical practice in order to work as a general medical practitioner in the UK.</p> <p><i>Please read your EEA Member State/Swiss factsheet and complete parts 4, 5, 6, 8, 9 and 10 of this application form.</i></p>	
<p>f) I want to train for general medical practice in the UK. I do not hold, and I am not eligible for the award of, a certificate of specific training for, or of acquired rights, for general medical practice awarded by another EEA Member State or Switzerland.</p> <p><i>Please complete part 10 of this application form if you already hold full registration with the GMC.</i></p>	

#### 4. Your primary medical qualification and training

Full title of your primary medical qualification (including licence to practise if applicable)	Name of the medical school/university/body which awarded your qualification/licence and the country in which it is located	Date awarded

Please list below where you undertook the training leading to the award of your EEA/Swiss primary medical qualification and, if appropriate, your licence to practise. If you need more space to record details of the medical schools where you undertook your training, please use a separate sheet of paper and attach it to this application form.

Name of the medical school/awarding body and the country in which it is located	Start date	Finish date

## 5. Your postgraduate professional experience

Please list below where you have been worked since qualifying. If you need more space to record this information, please use a separate sheet of paper and attach it to this application form. Please account for any periods when you were not engaged in medical practice

<b>Post held and name and address of the employing authority</b>	<b>Country</b>	<b>Start date</b>	<b>Finish date</b>

## 6. Your specialist qualifications and training

<b>Title of your specialist qualification</b>	<b>Specialty in which the qualification was awarded</b>	<b>Name of the body which awarded the qualification and the country in which it is located</b>	<b>Date awarded</b>
1.			
2.			
3.			

Please list below where you undertook the training leading to the award of your specialist qualification(s). If you need more space to record this information, please use a separate sheet of paper and attach it to this application form.

Title of your specialist qualification <i>(please describe your specialist qualifications in the order in which you have listed them in the box above)</i>	Country	Start date	Finish date
1.			
2.			
3.			

If you hold a specialist qualification in oral and maxillo-facial surgery please write below your General Dental Council (GDC) registration number:

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### 7. Your general medical practice training

If you hold a certificate of specific training for general medical practice please list below where you undertook the training leading to the award of that certificate. If you need more space to record this information, please use a separate sheet of paper and attach it to this application form.

Country	Start date	Finish date

### 8. Character declaration

Please complete the declarations below by circling your answer to each question.

Have you ever been found guilty by a court of law? **YES / NO**

**Have you ever been convicted by a court of law?** **YES/NO**

Have you ever had a complaint against you upheld or have you been suspended from duty whilst working as a medical practitioner in any country? **YES / NO**

Have you ever been refused registration or had your registration removed or suspended in any country? **YES / NO**

Are there any proceedings being contemplated in any country, or any other matters that you are, or should be, aware of which may lead to your registration there being removed, suspended or restricted in any way? **YES / NO**

If you have circled "yes" to any of the questions, you will need to provide full details on a separate sheet of paper. If you have been convicted or found guilty by a court of law you must provide details of:

- ? The offence
- ? The date of conviction
- ? The name and address of the court where you were convicted
- ? The penalty imposed

### 9. Your ethnic origin

We are committed to eliminating bias and promoting equality of opportunity, irrespective of race or ethnic background. We regularly review the ethnic background of all newly registered doctors to make sure we are as free from bias as possible. We need your help in achieve this aim and would be grateful if you could provide information about your ethnic background, which will help to tell us how well we are doing. This measure has the support of the British Medical Association, the Commission for Racial Equality and the British International Doctors Association. Please tick the appropriate box below to indicate the ethnic group to which you belong. The list of categories has been drawn up in consultation with the Commission for Racial Equality.

<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Irish
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Black Other (please specify)	<input type="checkbox"/>	White
	.....		
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other (please specify)
			.....

## 10. Final checklist and signature

Tick (v) the items you are enclosing with your application.

### If you are applying for provisional registration

- ? I enclose my original EEA/Swiss passport or identity card, or other original evidence of my EC rights if I am not an EEA or Swiss national.
- ? I enclose my original EEA primary medical qualification and, if appropriate, my restricted licence to practise (as described in my [EEA Member State factsheet](#)).
- ? I enclose original official translations of any documents/certificates that are not in English.

### If you are applying for full registration AFTER having held provisional registration or pre-registration limited registration with the GMC

- ? I enclose original evidence of my eligibility for full registration (as described in my [EEA Member State factsheet](#)).
- ? If appropriate, I enclose an original Certificate of good standing from the competent authority in my home EEA Member State or Switzerland and from the competent authorities in any other Member State/Switzerland where I have worked in the last five years.
- ? I enclose original official translations of any documents/certificates that are not in English.

### If you are applying for full registration without previously holding provisional registration or pre-registration limited registration

- ? I enclose my original EEA/Swiss passport or identity card, or other original evidence of my EC rights if I am not an EEA or Swiss national.
- ? I enclose my original EEA/Swiss primary medical qualification.
- ? I enclose the originals of any other documents/certificates (as described in my [EEA Member State/Swiss factsheet](#)).
- ? I enclose an original Certificate of good standing from the competent authority in my home EEA Member State or Switzerland and from the competent authorities in any other Member State/Switzerland where I have worked in the last five years.
- ? I enclose original official translations of any documents/certificates that are not in English.

### If you are applying for specialist registration

- ? I enclose my original specialist qualification.
- ? I enclose the originals of any other documents/certificates (as described in my [EEA Member State/Swiss factsheet](#)).

? I enclose original official translations of any documents/certificates that are not in English.

**If you want to work as a general medical practitioner in the UK**

? I enclose my original certificate of specific training, or of acquired rights, for general medical practice.

? I enclose the originals of any other documents/certificates (as described in my [EEA Member State/Swiss factsheet](#)).

? I enclose original official translations of any documents/certificates that are not in English.

**All applicants**

? I enclose the current registration fee (please read the [Fees factsheet](#) on our website).

? Please indicate below when you intend to take up work in the UK:

(Day)	(Month)	(Year)
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I apply for registration. I confirm that the information I have provided in my application is correct and true. I accept that the GMC may make any enquiries<sup>1</sup> that it deems appropriate of the competent authorities or employers in the country in which I qualified or have worked before granting registration. I understand that any false declaration in any part of the application may render me liable to proceedings which may result in the GMC withholding or removing registration.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE NOTE: This **declaration** and all **Certificates of good standing** must not be more than three months old at the time your registration is granted. If for any reason your application is not processed within this time we may ask you to sign another declaration, or provide another Certificate of good standing.

Once you have completed the relevant parts of this application form please return it to us together with all the other evidence we have asked for. We can deal with your application more quickly if you collect all the evidence together and send it to us in one envelope at the same time.

Please return this application form and your original documents to:  
EEA Applications Team, General Medical Council, 178 Great Portland Street, London W1W 5JE

We would advise you to send your complete application to us by registered or recorded post. Alternatively, you can bring them to us in person to our London office reception. Our reception is open between 09:00 and 16:30 Monday – Friday.

If you have any questions about this application form, please call (+44) 020 7915 3630.

<sup>1</sup> This is part of our quality control and audit process to ensure that our registration mechanisms are robust and effective

