

Annex F to 3

V2
28 January 2016

Applicant Checklist

Please ensure that you have included the following documents before submitting your application:

Document	Please tick to confirm that you have submitted the relevant documentation
1. Appendix 1 – Completed Outline of Osteopathic Education, Work Experience and Lifelong Learning (or CPD).	
2. Copy of passport or other official document confirming nationality	
3. Copy of certified transcript of academic transcript and module course guide.	
4. Reference forms have been given to referees for each piece of osteopathic professional work experience and lifelong learning or CPD relied upon to demonstrate the <i>Osteopathic Practice Standards</i> .	
5. Appendix 2 – Completed Mapping Grid demonstrating the <i>Osteopathic Practice Standards</i> .	
6. Applicant Checklist and declaration	

Applicant Declaration

I confirm that I have submitted all the information required to the General Osteopathic Council to my referees. I confirm that all the information submitted to the General Osteopathic Council and to my referees is true to the best of my knowledge and belief. I undertake to bring any errors to the attention of the General Osteopathic Council and to my referees as soon as they are discovered.

I understand that the General Osteopathic Council may make further enquiries in respect of applicants and referees, to verify or clarify information about me and my references. I understand that should any of the information I have supplied in the reference not be accurate or if I have made any false claims, I may be committing a crime.

I understand and agree that the General Osteopathic Council will process my personal data as disclosed in this reference for the purpose of administering my application to which it is attached. I understand that the General Osteopathic Council

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may contact me to ensure that the information submitted is accurate and may also disclose my personal data to third parties to check its accuracy. Should any inaccuracies be established, I understand that my personal data may be transferred to a third party for further investigation. I understand that should I transfer to another country, my reference and other relevant information may be passed to regulators in that third country.

I understand that signing this checklist below I am confirming that the information I have provided is accurate and that my personal data may be processed for the purposes specified above.

Date

Signed

Print Name

DRAFT