



Application for Registration

WITH THE GENERAL OSTEOPATHIC COUNCIL

UNDER SECTION 3(6)A OF THE OSTEOPATHS ACT 1993:

PART 2 OF 2

This application form is designed to enable eligible persons to apply for registration with the General Osteopathic Council under the **Registration of Osteopaths with United Kingdom Qualifications that are not Recognised Qualifications Rules 2009**, made pursuant to the Osteopaths Act 1993. An application for registration under these rules must be made in writing and must provide the information requested in this application form.

This application form is the second of two parts that will ultimately make up a complete application for registration. For supplementary guidance, please refer to the information guide 'Registering with the GOsC', which is available on our website at www.osteopathy.org.uk/uploads/registering_with_the_gosc.pdf.

Section 1 – Personal information

Contact address details (to be completed in full)

Last name: _____ Title: _____

First name(s): _____ Gender: _____

Professional name (if different): _____ Date of birth: _____

Other names in full: _____

Nationality: _____

Passport or identity card number: _____

Full address: _____

Post code: _____ Country: _____

Email: _____

Telephone number: _____

Mobile: _____

Fax: _____

Section 2 – Health reference

The Osteopaths Act 1993 requires that an applicant for registration under the Act must satisfy the Registrar that s/he is in good health, both physically and mentally, before s/he can be registered to practise osteopathy. You need to provide on this form a health reference from a registered medical practitioner who has been either your doctor for the past four years, or who has examined your medical records made by a general medical practitioner who has known you for the past four years.

Only a registered medical practitioner may supply such a health reference and the Registrar may make further inquiries and/or referees directly if it is deemed necessary to verify or clarify any part of these references.

A registered medical practitioner may provide a reference based on his/her personal knowledge at the time your application is made without carrying out a formal health examination.

The Registrar may, however, request such an examination if it is deemed necessary to provide satisfactory evidence of good mental and/or physical health. You are personally responsible for any health examination fees.

Please tick where applicable.

Please note that the first option is for practitioners who have known the applicant for FOUR YEARS or more).

I have known the above named person for ____ years and am satisfied s/he is of good health both physically and mentally. I am not aware of any circumstances which would affect the capacity of the applicant to practise as a registered osteopath.

I have examined the medical records of the above named person made by a registered medical practitioner, or a partner in the practice, with whom the applicant was registered with for at least four years, and I am satisfied that there appears to be no medical reason which would affect the capacity of him/her to practise as a registered osteopath.

Any additional information:

Name (please print):

Practice address:

Telephone:

Signed:

Date:

In providing this reference you are reminded of the importance of ensuring that all statements contained in this reference are true to the best of your knowledge, information and belief. Any information fraudulently or recklessly provided or which leads to an entry in the Register of the General Osteopathic Council being fraudulently procured will result in an investigation by the Registrar and may lead to criminal proceedings.

Section 3 – Character reference

The Osteopaths Act 1993 requires that an applicant for registration under the Act must satisfy the Registrar that s/he is of good character before s/he can be registered to practise osteopathy. You need to provide on this form a character reference from a person of professional standing in the community who has known you for at least four years and who is not a relative (either directly, or related by marriage, which includes partners). This could be an osteopath, solicitor, lawyer, accountant, bank manager, Justice of the Peace, Minister of the Church, Rabbi, Imam or other religious official acceptable to the Registrar.

I have known the above named person for _____ years and I know of no reason why s/he should not practise osteopathy with honesty and integrity.

Any additional information:

Name (please print):

Occupation:

Practice or business:

Telephone:

Please state in what capacity the applicant is known to you:

Signed:

Date:

In providing this reference you are reminded of the importance of ensuring that all statements contained in this reference are true to the best of your knowledge, information and belief. Any information fraudulently or recklessly provided or which leads to an entry in the Register of the General Osteopathic Council being fraudulently procured will result in an investigation by the Registrar and may lead to criminal proceedings.

Section 4 – Professional indemnity insurance

Name of insurer: _____

Have you ever been denied professional indemnity insurance cover? Yes No

Have you ever been subjected to an increased premium or been quoted any professional indemnity insurance on loaded terms? Yes No

If you know why you were refused insurance or why your premium was loaded, please let us have this information:

Section 5 – Criminal Records Bureau (CRB)

The GOsC requires applicants to have a criminal records check from their country of current residence. In the UK, this is referred to as a Criminal Records Bureau (CRB) check. These must be no more than six months old at the time of your application to join the Register.

Please tick where appropriate

- I reside in the UK at present and enclose a CRB check
- I reside outside of the UK at present and enclose an appropriate criminal records check for my country of residence.

Section 6 – Payment

The fee for registering by this process with the General Osteopathic Council is £1,250

You can pay this fee by cheque, postal order, credit/debit card or by direct debit over a period of 10 months.

Please select an option below

A I enclose a cheque made payable to 'The General Osteopathic Council' for the sum of £: _____

B Please debit my credit/debit card for the sum of £: _____

Credit card: Visa Mastercard

Debit card: Delta Switch

Expiry date: _____ / _____ Issue: _____

Card number:

Security number (the last three digits on the back of your card):

Signed: _____

Date: _____

C Please set up a direct debit schedule using the direct debit mandate:

Over (enter the number of payments) - max 10

Please debit my account on the following week of each month:

1st week 2nd week 3rd week 4th week

Name(s) of account

Branch sort code

Account number

Name and full postal address of your Bank or Building Society	
To: The Manager	Bank or Building Society
Address	
Postcode	

Signature(s)	Date



Instruction to your Bank or Building Society to pay by Direct Debit

Originator's Identification Number

806338

Reference

Instruction to your Bank or Building Society

Please pay The General Osteopathic 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 will remain with The General Osteopathic Council and details will be passed electronically to my Bank/Building Society.

This guarantee should be detached and retained by the Payer

The Direct Debit

- 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 Osteopathic Council will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The General Osteopathic 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.



CHECKLIST

Make sure you:

- Enclose the completed health reference
- Enclose the completed character reference
- Enclose a copy of your professional indemnity insurance
- Enclose a CRB check or equivalent
- Enclose a passport-sized photograph for an identity card

Payment (tick one only)

- Cheque enclosed
- Direct debit form completed and enclosed
- Credit card form completed and enclosed



**General
Osteopathic
Council**

**Please return this application form to:
General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London
SE1 3LU**

**Alternatively, you can fax your application back to us on
020 7357 0011**