



General
Osteopathic
Council

**Declaration to the General Osteopathic Council (GOsC) in pursuant
to Article 7 of the EC Professional Qualifications Directive
(2005/36/EC) concerning the temporary provision of services**

1. Identity of Applicant

1.1 Name of Applicant:

First Name

Surname/Family Name

Previous Surnames(s)

1.2 Nationality

<input type="checkbox"/>	AT	<input type="checkbox"/>	BE	<input type="checkbox"/>	BG	<input type="checkbox"/>	CH	<input type="checkbox"/>	CY	<input type="checkbox"/>	CZ	<input type="checkbox"/>	DE	<input type="checkbox"/>	DK	<input type="checkbox"/>	EE
<input type="checkbox"/>	EL	<input type="checkbox"/>	ES	<input type="checkbox"/>	FI	<input type="checkbox"/>	FR	<input type="checkbox"/>	HR	<input type="checkbox"/>	HU	<input type="checkbox"/>	IE	<input type="checkbox"/>	IS	<input type="checkbox"/>	IT
<input type="checkbox"/>	LI	<input type="checkbox"/>	LT	<input type="checkbox"/>	LU	<input type="checkbox"/>	LV	<input type="checkbox"/>	MT	<input type="checkbox"/>	NL	<input type="checkbox"/>	NO	<input type="checkbox"/>	PL	<input type="checkbox"/>	PT
<input type="checkbox"/>	RO	<input type="checkbox"/>	SE	<input type="checkbox"/>	SI	<input type="checkbox"/>	SK	<input type="checkbox"/>	SK								

Other(s)

1.3 Passport Number or Identity Card Number

Country of issue

Number

Country of issue

Number

1.4 Gender

☐ Male ☐ Female

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☐ Home State ☐ United Kingdom

2. Provision of service – application details

2.1 This declaration concerns:

☐ A first provision of services in the United Kingdom (please complete sections 1 to 6)

☐ An annual renewal of the declaration (please complete sections 1 to 4 and 7 to 9)

2.2 Profession

My application concerns the practise of a profession which corresponds to the GOsC Register.

☐ Osteopath

2.3 Previous Applications

Have you previously applied for registration with the GOsC or have you previously been registered with the GOsC?

☐ Yes ☐ No

If you answered yes please give your previous registration number:

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3. Profession Concerned

3.1 Profession pursued in your Home State¹

Home State (Country) where you provided your services	Professional Title in the language of that State	Professional Title in English

3.2 Please state the professional activities (i.e. delivery of treatment to a specific patient) for which you will be providing services on a temporary basis in the United Kingdom (list the professional activities).

Professional activities:

1

2

¹ Please indicate the title of the profession in the language of the Member State(s) in which you are established and in English.

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4

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4. Legal Establishment in one or more relevant European States:

For the purposes of this declaration, "legal establishment" refers to the pursuit of the profession in compliance with the rules relating to professional qualifications, including the related training conditions, and all the rules specific to the pursuit of the profession. Legal establishment precludes any prohibition, albeit temporary, from pursuing the profession.

4.1 Is this profession **regulated** in the relevant European State(s) in which you are established?

☐ Yes ☐ No ☐ I do not know

If you answered **no** please move to question 4.4

Any comments:

4.2 Are you **legally established** in the relevant European State(s) in which you are established?

☐ Yes ☐ No

If you answered **yes**, in which relevant European State are you legally established?

☐ AT ☐ BE ☐ BG ☐ CH ☐ CY ☐ CZ ☐ DE ☐ DK ☐ EE
☐ EL ☐ ES ☐ FI ☐ FR ☐ HR ☐ HU ☐ IE ☐ IS ☐ IT
☐ LI ☐ LT ☐ LU ☐ LV ☐ MT ☐ NL ☐ NO ☐ PL ☐ PT
☐ RO ☐ SE ☐ SI ☐ SK

Other(s)

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If **no**, please explain:

4.3 Are you subject to authorisation or supervision by a competent administrative authority?

☐ Yes ☐ No

If your answer is **yes**, please indicate which one, giving the relevant contact details and your registration or licence number. Please provide supporting evidence:

Name of Competent Authority

Contact details

Your registration / licence no.

4.4 If the profession referred in 3.1 is **not regulated** in the relevant European State(s) in which you are established and you have not undergone regulated education and training for the profession in 3.1 have you acquired professional experience for that profession of at least **two years** during the last ten years within the territory of that State(s)?

☐ Yes ☐ No If you answered **yes** please provide supporting evidence.

Any comments:

4.5 Do you belong to a professional association or an equivalent body?

☐ Yes ☐ No

If your answer is yes, please indicate which one, giving the relevant contact details and your registration number.

Name of professional association

Contact details

Your registration/licence number.

5. Supporting documents annexed to this declaration (if requested)²

5.1 You are required to provide the following supporting documentation with this declaration:

- ☒ Proof of nationality – *already provided to GOsC*
- ☒ Evidence of professional qualifications – *already provided to GOsC*
- ☐ Proof of main osteopathic practice in one the EEA states or Switzerland
- ☐ Proof of 2 years professional experience within the last 10 years (if osteopathy is not regulated in Home State)³

6. Declaration

I confirm that the information I have provided in this declaration is correct and that I intend to provide services in the United Kingdom on a temporary and occasional basis.

I confirm that in advance of the provision of my services, I will make available to my patients full information to enable them to make informed decisions on treatment. This shall include making the patient aware that I am a temporary registrant and providing the patient with details about my professional indemnity insurance arrangements and cover held.

Print name

Signed _____ Date (DD/MM/YYYY)

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² To be completed concerning relevant documents required by the legislation of the host Member State and only with a view to a first provision of services.

³ To be completed only if the profession is not regulated by the Member State of establishment

7. Renewal Information⁴

7.1 When did you provide service in the United Kingdom (dd/mm/yyyy)

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Any comments:

7.2 Please state under which title(s) you have provided your services in the United Kingdom.

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7.3 Please indicate the professional activities (i.e. delivery of treatment to a specific patient) carried out during the periods you provided service (please list the activities).

8. Other comments such as any changes to the supporting documentation referred to in 5.1

⁴ This information will be retained by the competent authority to monitor service provision.

9. Declaration

I confirm that the information I have provided in this renewal declaration is correct and that I intend to provide services in the United Kingdom on a temporary and occasional basis.

I confirm that in advance of the provision of my services, I will make available to my patients full information to enable them to make informed decisions on treatment. This shall include making the patient aware that I am a temporary registrant and providing the patient with details about my insurance arrangements and cover held.

[illegible][illegible]

Signed _____ Date (DD/MM/YYYY)

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