



General  
Osteopathic  
Council

# Application for Registration with the General Osteopathic Council

Name

GOsC Student ID

## S3 Osteopaths Act 1993 [Rule 4 of the \(Application for Registration and Fees\) Rules 2000](#)

This Application Form is designed to meet the Rules made pursuant to the Osteopaths Act 1993 which state that an application for registration shall be in writing and on the forms specified by these Rules, and that sufficient information be provided to the Registrar so that an application for registration can be properly determined in accordance with the requirements of the Osteopaths Act. You **must** provide evidence that you have obtained a Recognised Qualification (RQ).

Accompanying this form are two further forms requesting references in support of your application – a [health reference](#) and a [character reference](#). In order to process your application as speedily as possible you should ensure that these two reference forms are completed and returned to us without delay.

Applicants are reminded that any entry to the Register which is fraudulently procured will result in an investigation by the Registrar who will make a report to the General Council (GOsC). Any such fraudulently procured registration may result in your immediate suspension and ultimate removal from the Register and/or the initiation of criminal proceedings.

### Application for Registration Declaration

I declare that all information supplied in support of my application to register with the General Osteopathic Council (GOsC) is, to the best of my knowledge, accurate and true. I understand that the Registrar may take steps to verify any information supplied by me in support of my application. I am aware that I may **not** practise as an osteopath in the UK until I have been accepted onto the Register.

Any unsigned form will be returned to the applicant.

Signed

Date

### Notes on completing the form

Evidence of holding an RQ must be provided by your osteopathic educational provider.

Your character and health references must not be provided by the same person.

Please allow up to ten working days for your application to be processed once all required documentation has been received.

## Data Protection

The GOsC will use the data provided by you on this form for the purposes of processing your application for registration with the GOsC, and for the purpose of complying with its statutory duties under the Osteopaths Act 1993 to regulate the osteopathy profession.

The GOsC may share the data on this form with other bodies concerned with the regulation of health and social care, or law enforcement, including where the GOsC Registrar considers it necessary to do so for the protection of patients and the public, or considers that it is necessary to do so in the public interest.

The GOsC will also send you information to provide you with up to date information on the work of the General Osteopathic Council and to support you with the ongoing requirements for registration. We will also invite you to give your views on GOsC policy development and related matters.

From time to time the GOsC will also send you information from related organisations, that is relevant to you as a registered osteopath.

We also seek consent from osteopaths to be approached to take part in approved research activities which support the profession as follows (this section is optional):

I agree that my email contact details can be provided by the GOsC, for use by the National Council for Osteopathic Research (NCOR) approved researchers.

### Application for Registration Declaration

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Any unsigned form will be returned to the applicant.

**Signed**

**Date**

The GOsC is registered with the Information Commissioner. More details about our privacy policy can be found at: [osteopathy.org.uk/privacy](https://osteopathy.org.uk/privacy)

Please check all printed information for accuracy and amend where necessary. Please note that you must provide an answer to all questions. Failure to do so could result in a delay in the processing of your application.

### 1. Personal information

Professional name <sup>1</sup>		Title	
Surname (if different)			
First name			
Other names in full			

#### Contact details:

Address		Town	
		County	
		Postcode	
Telephone number		Mobile	
Nationality		Email	
Date of birth		Gender	

### 2. Professional education

As a requirement of registration, you must provide evidence of having a recognised qualification in osteopathy.

Place of initial osteopathic education	
Title of primary osteopathic qualification	
Month and year qualification obtained	

### 3. Health and fitness

Do you have an ongoing medical condition, either physical or mental:

- (a) which might affect your fitness to practise osteopathy, and/or Yes  No
- (b) which requires regular medical review and may affect your fitness to practise in the future? Yes  No

If **Yes to any of the above**, please give details

- (c) I am registered with a General Medical Practitioner (GP) who will complete the Health reference and return it to the GOsC which requires regular medical review and may affect your fitness to practise in the future? Yes  No   
(Please ensure that the enclosed Health reference form is completed.)

If you are not registered with a GP and cannot provide a health reference, please contact the Registration Department ([student@osteopathy.org.uk](mailto:student@osteopathy.org.uk)) to explain the circumstances which prevent you from obtaining a Health reference signed by your GP. The Registration Department will advise how to proceed with your application.

1 The name you wish to be known by on the online Register, your patients and insurance provider.

#### 4. Character and professional disciplinary records

- (a) Have you applied previously for registration with the GOsC? Yes  No
- (b) Are you currently registered with any other regulatory body? Yes  No
- (c) Have you previously been registered with any other regulatory body? Yes  No

If Yes to (b) or (c) please provide the following information on a separate sheet:

- Name of Register/regulatory body
- Your name on Register/regulatory body
- Registration number
- Date of registration
- Country of Register/ regulatory body
- Proof of registration ie link to name on Register/ regulatory body
- If no longer registered, proof from Register/ regulatory body of previous registration

- (d) Have you ever had any disciplinary findings<sup>2</sup> made against you in the UK or any other country? Yes  No

If **Yes to (d)** please provide full details including the name of the body that made the finding, the date of the finding and the sanction imposed (if applicable)

- (e) Are you: (i) currently subject to any disciplinary<sup>2</sup> investigations in the UK or any other country, and/or (ii) aware of any impending or future disciplinary investigations in the UK or any other country? Yes  No

If **Yes to (e)** please provide full details

- (f) Have you ever been charged, bound over, or convicted, or received a caution, reprimand or warning for a criminal offence in the UK which is not “protected”<sup>3</sup> as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) or in any other country? Yes  No

- (g) Are you currently the subject of any police investigation or criminal proceedings in the UK or any other country? Yes  No

If **Yes to (f) or (g)** please complete the following (please send in a supporting letter to explain the circumstances that led to the conviction, caution, reprimand or warning being issued):

Your name(s) when the offence was committed		
Date	Offence and country where committed	Sentence if any – please be specific

- (h) Have you ever been a party to civil proceedings (including negligence claims) relating to any professional practice? Yes  No

If **Yes to any of the above**, please state the nature of these proceedings and whether any judgement was made against you:

<sup>2</sup> Disciplinary findings include findings made by a regulator, professional body, education body, tribunal or employer.

<sup>3</sup> Information on this question can be found in the ‘Registering with the General Osteopathic Council’ booklet under the heading Protected convictions and cautions.

### Enhanced check for Regulated Activity:

As part of your registration, you are required to undergo an Enhanced check for Regulated Activity through the Disclosure and Barring Service (DBS). The GOsC uses the services of First Advantage (formerly called GBGroup plc) which is registered with the DBS and administers Enhanced checks for Regulated Activity on our behalf. The GOsC requires written permission from applicants to share contact details with First Advantage.

If you wish to use the services of First Advantage, please provide written permission to share your contact details with First Advantage. Email [student@osteopathy.org.uk](mailto:student@osteopathy.org.uk)

First Advantage will send you an email with login details to the online verification system. For further information you should refer to the booklet '[Registering with the General Osteopathic Council](#)'.

The check must be no more than six months old from the date of issue at the time of your application to join the Register.

Please tick one of the following:

- a) I have applied for my Enhanced check for Regulated Activity through First Advantage
- (b) My Enhanced check for Regulated Activity was carried out by another organisation and I enclose the original certificate

### 5. Professional Indemnity Insurance

All practising osteopaths must carry adequate professional indemnity insurance. The GOsC monitors compliance with this requirement and may in due course seek evidence confirming you are insured.

It is your responsibility to make sure that you continue to hold continuous professional indemnity insurance cover at all times in the future and if your practising status should change eg you go non practising, you should contact the GOsC immediately so that your registration status can be updated on the Register and your insurance provider so that they can arrange run off cover insurance.

I confirm that I will not start to practise as an osteopath, until I am registered and have professional indemnity insurance in place that meets the GOsC Professional Indemnity Insurance Rules. I will forward evidence of my insurance to the GOsC from the date that I begin to practise as an osteopath (please tick box)

(a) Name of intended insurer:

(b) Have you ever been denied any professional indemnity insurance cover? Yes  No

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

(d) If you know why you were refused insurance arrangement or why your premium was loaded, please provide details below:

### 6. Additional information

If you have any further information that you believe to be relevant to your application, or that you would like the Registrar to take into account, please enter here.

## 7. Payment

Name	
GOsC Student ID	

**The entry fee for joining the Register of the General Osteopathic Council is as follows:**

**Entry fee:** £320

Payment of your entry fee can be made in full if paying by cheque or debit/credit card.

Please select an option below:

- A  I enclose a cheque made payable to: the General Osteopathic Council
- B  Please debit my credit/debit card. NB American Express not accepted
- Start date if applicable:  Expiry date:  Issue no:
- Card no.:
- Security number (last 3 digits printed on reverse of card):
- Signed:  Date:
- C  Please set up a direct debit schedule for payment of the registration fee by using the direct debit mandate below. **If you choose to pay your entry fee by direct debit, please provide card details for an initial payment of £33 to be taken on entry to the Register. The remainder of the entry fee can be paid by direct debit over a maximum of 9 months.**

Payment will be collected on the 15th day of each month. Where the 15th falls on a weekend, the payment will be collected on the first working day following the weekend. The direct debit (DD) method of payment will incur an additional levy - the levies are as follows: Year 1 - £10; Year 2 practising - £15; Year 2 reduced rate - £10; Year 3 practising £20; Year 3 reduced rate - £10. The levy is based on administering the payments and the loss of interest for not having the fee paid in full. The DD scheme is available for UK bank accounts only.



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

Originator's Identification Number

**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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Over (enter the number of payments) – max 9 \_\_\_\_\_

Name(s) of Account \_\_\_\_\_

Branch Sort   –   –

Account Number

Name and full postal address of your Bank or Building Society \_\_\_\_\_

To: The Manager \_\_\_\_\_ Bank or Building Society

Address \_\_\_\_\_

Postcode \_\_\_\_\_

This guarantee should be detached and retained by the Payer

**The Direct Debit Guarantee**

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the General Osteopathic Council (GOsC) will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the GOsC to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by the GOsC or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when the GOsC asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required.

Please also notify us.

## **Osteopaths Act 1993** Section 3(2)(b) Equality and diversity (this section is optional)

The collection of personal data can be a sensitive issue and we know that sometimes it can feel intrusive, but we want to make sure that the work we do and our processes are fair and free from discrimination. We can only do this if osteopaths help us to update the data we hold about their protected characteristics. Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other characteristic.

As well as providing useful information about diversity within the profession compared to society as a whole, by collecting more comprehensive data about the protected characteristics of osteopaths we can ensure that osteopathic education, Standards, Continuing Professional Development (CPD) and Fitness to Practise are not having any unintended consequences or discriminating against any particular group.

We will only use this information to ensure that we comply with our legal obligations to:

- eliminate unlawful discrimination
- promote equality of opportunity
- foster good relations between those that have particular protected characteristics and those that do not.

We are not legally obliged to publish this information on the Register and we are not aware of any other legal requirements that require us to share with third parties. This information will only be used by GOsC staff for the purposes outlined above and to help us tailor our communications so they meet the needs of all osteopaths.

### **Disability**

The Disability Discrimination Act defines a person is disabled if they have a physical or mental impairment which is substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effects on their ability to carry out day-to-day activities. Taking this into account, do you consider yourself to be a person with a disability?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

### **Ethnic origin**

Asian or Asian British	<input type="checkbox"/>
Black or Black British	<input type="checkbox"/>
Mixed Ethnic Background	<input type="checkbox"/>
White or White British	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

### Asian or Asian British

Bangladeshi	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any Other Asian Background (specify if you wish)	<input type="text"/>

### Black or Black British

African	<input type="checkbox"/>
Black Caribbean and White	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any Other Black Background (specify if you wish)	<input type="text"/>

### Mixed Ethnic Background

White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Chinese	<input type="checkbox"/>
Any other Mixed or multiple ethnic background (specify if you wish)	<input type="text"/>

### White or White British

British	<input type="checkbox"/>
English	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Gypsy/traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Any Other White Background (specify if you wish)	<input type="text"/>



## Other Ethnic Group

Which group do you identify with? Please tick one box. The options are listed alphabetically.

Arab	<input type="checkbox"/>
Filipino	<input type="checkbox"/>
Any other Ethnic background (specify if you wish)	<input type="text"/>

## Religion

Which group do you identify with? Please tick one box. The options are listed alphabetically.

Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Pagan	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Spiritual	<input type="checkbox"/>
No religion or belief	<input type="checkbox"/>
Any other religion or belief, please specify (specify if you wish)	<input type="text"/>
Prefer not to say	<input type="checkbox"/>

## Sexual orientation

Which group do you identify with? Please tick one box. The options are listed alphabetically.

Bisexual	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>
Asexual	<input type="checkbox"/>
Pansexual	<input type="checkbox"/>
Queer	<input type="checkbox"/>
Prefer to self-describe (specify if you wish)	<input type="text"/>
Prefer not to say	<input type="checkbox"/>