



Appendix 1

Outline of osteopathic education, work experience and lifelong learning (or continuing professional development)

Instructions for completion

This form is for completion by applicants and referees. The form should provide details about the applicant's:

- professional education and training (i.e. osteopathic qualification)
- professional work experience (verified by another professional colleague, employer or organisation)
- lifelong learning or continuing professional development (verified by another professional colleague, employer or organisation).

Please complete the form fully and ensure that relevant aspects are referenced in the Mapping Grid of the *Osteopathic Practice Standards*.

1. About you

Name: _____

Address: _____

Email: _____

Telephone number: _____

EU Rights

2. Language proficiency

(please refer to the *Osteopathic Practice Standards*)

Every registrant must ensure that they can communicate effectively with patients, relatives and carers and other professionals.

Is English your first language? (you should only indicate that English is your first language if it is the main or only language you use on a day to day basis)

Yes No

If no, you must provide proof of your English Language proficiency before registration with us. Further information is provided on our website at:

www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/english-language-test-requirements

3. Nationality

Please indicate which European State you are a citizen of: (this must be confirmed by a copy of the relevant page of your passport or other evidence of citizenship).

Austria	<input type="checkbox"/>	Latvia	<input type="checkbox"/>
Belgium	<input type="checkbox"/>	Liechtenstein	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	Lithuania	<input type="checkbox"/>
Croatia	<input type="checkbox"/>	Luxembourg	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>	Malta	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>	Netherlands	<input type="checkbox"/>
Denmark	<input type="checkbox"/>	Norway	<input type="checkbox"/>
Republic of Ireland	<input type="checkbox"/>	Poland	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	Portugal	<input type="checkbox"/>
Finland	<input type="checkbox"/>	Romania	<input type="checkbox"/>
France	<input type="checkbox"/>	Slovakia	<input type="checkbox"/>
Germany	<input type="checkbox"/>	Slovenia	<input type="checkbox"/>
Greece	<input type="checkbox"/>	Spain	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	Sweden	<input type="checkbox"/>
Iceland	<input type="checkbox"/>	Switzerland	<input type="checkbox"/>
Italy	<input type="checkbox"/>	United Kingdom	<input type="checkbox"/>

4. Professional education and training

Please provide details of your professional education and training (i.e. your osteopathic qualification).

Title of your relevant qualification: _____

Course end date:

Course start date:

Name of educational institution:

Address of educational institution:

Please advise the details of the course administrator if possible:

Name of administrator _____

Job title: _____

Telephone number: _____

Email: _____

If you have gained a further professional qualification relevant to your regulation, please provide details:

Title of your relevant qualification: _____

Course end date: _____

Course start date: _____

Name of educational institution:

Address of educational institution: _____

Please advise the details of the course administrator if possible:

Name of administrator _____

Job title: _____

Telephone number:

Email: _____

5. Professional Career History (showing professional experience)

Please provide a summary of your career history. Please provide this in reverse chronological order with most recent post first.

Job 1:

Employer/business name: _____

Your job title (in English): (e.g. associate osteopath in group practice, principal osteopath in sole practice, principal osteopath in group practice)

Dates of work from: _____ to: _____

Address of employer/business: _____

Details of person who can verify your role:

Contact name: _____

Job title: _____

Telephone number (work): _____

Email (work): _____

Please indicate the regulatory authority or professional body responsible for the profession:

Details of your relevant regulatory or professional body:

Name of regulatory body or professional body: _____

Address: _____

Telephone number: _____

Email: _____

Website: _____

Your registration number (or equivalent): _____

In the space below, please tell us about your main duties or responsibilities:

Note: you may find it helpful to outline:

- the profile of patients and caseload
- the types of presentations seen, for example, neuromusculoskeletal, visceral, case involving referral to another health professional, patient unsuitable for osteopathic treatments (e.g. contra-indications)
- range of osteopathic techniques used, for example, diagnostic palpation, articulatory techniques, osteopathic thrust techniques, soft tissue techniques
- your approach in specific cases to:
 - taking a case history
 - examination
 - clinical reasoning
 - making a diagnosis
 - treatment plan agreed with patient
 - treatment.
- any referral to provide the information necessary to show the assessor that you demonstrate the *Osteopathic Practice Standards*.

Please note that any information provided about a specific patient case must be anonymised. Patients must not be identifiable in any way in accordance with Standard D6 of the *Osteopathic Practice Standards* (respect your patients' rights to privacy and confidentiality)

You may find it helpful to reference your cases so that the assessor can easily see which case you are referring to in the *Osteopathic Practice Standards* Mapping Grid.



Job 2

Employer/business name: _____

Your job title (in English): (e.g. associate osteopath in group practice, principal osteopath in sole practice, principal osteopath in group practice)

Dates of work from: _____ to: _____

Address of employer/business: _____

Details of person who can verify your role:

Contact name: _____

Job title: _____

Telephone number (work): _____

Email (work): _____

Please indicate the regulatory authority or professional body responsible for the profession:

Details of your relevant regulatory or professional body:

Name of regulatory body or professional body: _____

Address: _____

Telephone number: _____

Email: _____

Website: _____

Your registration number (or equivalent): _____

In the space below, please tell us about your main duties or responsibilities:

Note: you may find it helpful to outline:

- the profile of patients and caseload
- the types of presentations seen, for example, neuromusculoskeletal, visceral, case involving referral to another health professional, patient unsuitable for osteopathic treatments (e.g. contra-indications)
- range of osteopathic techniques used, for example, diagnostic palpation, articulatory techniques, osteopathic thrust techniques, soft tissue techniques
- your approach in specific cases to:
 - taking a case history
 - examination
 - clinical reasoning
 - making a diagnosis
 - treatment plan agreed with patient
 - treatment .
- any referral to provide the information necessary to show the assessor that you demonstrate the *Osteopathic Practice Standards*.

Please note that any information provided about a specific patient case must be anonymised. Patients must not be identifiable in any way in accordance with Standard D6 of the *Osteopathic Practice Standards* (respect your patients' rights to privacy and confidentiality).

You may find it helpful to reference your cases so that the assessor can easily see which case you are referring to in the *Osteopathic Practice Standards* Mapping Grid.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide a response or drawing.

Please complete on a separate sheet of paper if necessary.

6. Lifelong learning or continuing professional development (CPD)

Please outline relevant continuing professional development or lifelong learning that you have undertaken as verified by regulatory or professional body or professional referee.

Name of course/learning event:

Date of course from: _____ to: _____

Location: _____

Name of organisation (or professional lead) offering the learning event:

Address: _____

Telephone number: _____

Email: _____

Please outline the learning outcomes and content (if a course) or outline of non-course related professional development activity:

Please complete on a separate sheet of paper if necessary.

Please note that references will be required from each of the activities outlined and so you should ensure that all people listed as contacts on this form are prepared to provide a reference verifying that the activity has taken place and to send the completed reference form directly to us at:

registration@osteopathy.org.uk

Applicant Declaration

This must be signed, dated and returned with your application in order for your application to be considered

I confirm the information I have submitted to the General Osteopathic Council (GOsC) and to my referees is true and honest to the best of my knowledge. I undertake to bring any errors to the attention of the GOsC and my referees as soon as they are discovered.

I understand that the GOsC 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 true, I may be committing a crime.

I understand and agree that the GOsC 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 GOsC may contact me to ensure that the information submitted is accurate and may also disclose my personal data to third parties for the purposes of assessing your application. 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 by signing this declaration I am confirming that the information I have provided is accurate and that my personal data may be processed for the purposes specified above.

Signed: _____

Print name: _____

Date: _____