Leaving the Statutory Register of Osteopaths request form



Name and Registration number:		
Address:		
Date from which you wish your registrat	ion to end:	
To enable the Registration team to remoform. Once your name has been taken of Osteopath. Should you be found to be us reserves the right to take action under S	ff the Register, y sing the title afte	you are not permitted to use the title er your registration has ended, GOsC
You should take steps to ensure that any osteopath are updated immediately follo	• •	•
Reason for leaving the Register	Please tick	Where necessary, please provide further information
Moving overseas (please advise where)		
Ill health		
Career change		
Taking a sabbatical (please provide reason)		
Family reasons (incl. maternity/paternity leave,		
carer commitments)		
Full-time study		
Cannot afford registration fee		
No longer practising		
Retirement		
Other (please provide a description)		
-		GOsC in relation to your reason for leaving
the Register please complete the box be	iow:	
Signature:		Date: