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

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	

The GOsC is registered with the Information Commissioner. More details about our privacy policy can be found at: **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[1]		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**) 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[2] 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[3] 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" 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:

2 Disciplinary findings include findings made by a regulator, professional body, education body, tribunal or employer.
3 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) and to join the Protecting Vulnerable Groups scheme if you will be working in Scotland. 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**

First Advantage will send you an email with login details to the online verification system. Further information can be found on the **ozone**.

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.

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_____

DIRECT Debit

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 _____

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee

DIRECT Debit

- 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.

Equality and Diversity Information

Here we ask questions relating to the following protected characteristics:

- Sex
- Gender Identity
- Age
- Disability
- Ethnicity
- Religion
- Sexual orientation
- Marriage and civil partnership
- Pregnancy and maternity
- Working pattern

Each question has a 'Prefer not to answer' option. All questions must be answered.

Why we are asking for this information

- **It's our legal duty:** collecting this information is something that the GOsC is obliged by law to do under the Public Sector Equality Duty, in an effort to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share and do not share specific characteristics.
- **We want to be inclusive:** knowing the diversity of osteopaths will give us a better understanding of their needs and how our regulatory services, including our continuing professional development scheme, registration or fitness to practise processes can meet those needs and be inclusive for everyone. Knowing the diversity of the profession will also help us and our partners to demonstrate that osteopathy is welcoming and inclusive for all patients and students, or to think about how we might encourage greater diversity, because we know that more diverse professions can better meet the needs of their diverse patients.
- **We want to be fair:** when we understand the diversity of osteopaths, we can identify and address how different groups in the profession are impacted by our policies, processes, and decisions. Without this information, it is difficult for us to confidently say that specific groups of osteopaths are being treated fairly.

How we will use this information

When we report on all of the data we have collected, or sections of combined data related to protected characteristics, your information will be anonymised.

This data will be used to inform our annual Equity, Diversity, Inclusion and Belonging Report to show an overall picture of diversity across the profession. This will help to show patients, the public, prospective students and other health professionals that the osteopathic profession is diverse, inclusive and welcoming. This report will be made available on our website. We will also use this information to comply with our legal obligations under the Equality Act 2010.

We want to be clear that we won't share or use your personal diversity information for any other reason except the purposes we have mentioned above. You can find out how we use your data for our other functions on our website: **osteopathy.org.uk/privacy-and-cookies/** If you have a health condition which **affects your ability to practise safely**, you have a duty to notify us separately about this. You only have to tell us about health conditions that affect your ability to practise safely, so if you have a health condition that does not affect your ability to practise safely, for example because it is well managed with the support of a health professional, this does not need to be reported to us.

Gender Identity

1. How do you currently identify?

   - [ ] Man
   - [ ] Female
   - [ ] Nonbinary
   - [ ] Prefer to self-describe
   - [ ] Prefer not to say

2. Is the gender you identify with the same as the sex you were assigned at birth?

   - [ ] Yes
   - [ ] No
   - [ ] Prefer not to say

Disability

3. Disability discrimination legislation defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities. This means it has lasted or is expected to last at least 12 months. Taking this into account, do you consider yourself to be a person with a disability?

   - [ ] Yes
   - [ ] No
   - [ ] Prefer not to say

4. Do you have any of the following disabilities, long term conditions, impairments or differences?

   - [ ] I do not have a disability, long-term condition, impairment or difference
   - [ ] Dyslexia, Dyscalculia, dyspraxia
   - [ ] Neurodivergent (e.g. autism, ADHD Aspergers etc)
   - [ ] Long-term/chronic physical health condition
   - [ ] Mobility impairment or musculoskeletal condition
   - [ ] Hearing impairment
   - [ ] Visual impairment
   - [ ] Speech impairment
   - [ ] Mental health condition
   - [ ] An impairment, health condition, learning difficulty or difference that is not listed above

Ethnicity

5. Ethnic Origin

- Asian or Asian British
- Black or Black British
- Mixed Ethnic Background
- White or White British
- Other Ethnic Group
- Prefer not to say

6. Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Chinese
- Any other Asian or Asian British Background

7. Any other Asian or Asian British Background, please specify if you wish:

8. Black or Black British

- African
- Caribbean
- Any other Black, Black British, Caribbean and / or African Background

9. Any other Black, Black British, Caribbean and / or African Background, please specify if you wish:

10. Mixed Ethnic Background

- White and Asian
- White and Black African
- White and Black Caribbean
- White and Chinese
- Any other Mixed or multiple Ethnic Background

11. Any other Mixed or multiple Ethnic Background, please specify if you wish:

12. White or White British

- [ ] British
- [ ] English
- [ ] Irish
- [ ] Northern Irish
- [ ] Scottish
- [ ] Welsh
- [ ] Gypsy/traveller
- [ ] Polish
- [ ] Roma
- [ ] Any other White or White Background

13. Any other White or White British Background, please specify if you wish:

14. Other Ethnic Group

- [ ] Arab
- [ ] Filipino
- [ ] Any Other Ethnic Background

15. Any other Ethnic background, please specify if you wish:

Religion

16. Which religion or group do you identify with?

- [ ] Agnostic
- [ ] Atheist
- [ ] Buddhist
- [ ] Christian
- [ ] Hindu
- [ ] Humanism/Humanist
- [ ] Jewish
- [ ] Muslim
- [ ] No religion or belief

- [ ] Pagan
- [ ] Spiritual
- [ ] Sikh
- [ ] Any other religion or belief
- [ ] Prefer not to say

17. Any other religion or belief, please specify if you wish:

Sexual Orientation

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

- [ ] Asexual
- [ ] Bi/Bisexual
- [ ] Gay/lesbian
- [ ] Heterosexual/straight
- [ ] Pansexual
- [ ] Queer
- [ ] Prefer to self-describe
- [ ] Prefer not to say

19. If you selected 'Prefer to self describe', please specify if you wish:

Marriage/ Civil partnership status

20. Marriage and civil partnership, which group do you identify with?

- [ ] Married
- [ ] Civil partnership
- [ ] Single
- [ ] Divorced
- [ ] Widowed
- [ ] Cohabiting
- [ ] Prefer not to say
- [ ] Other

21. If you selected Other, please specify if you wish:

Pregnancy and maternity

22. Do you consider yourself to fall under the protected characteristic of 'pregnancy' and 'maternity'? 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to maternity leave (and includes miscarriage)

- Yes
- No
- Prefer not to say

Current working pattern

23. What best describes your current working pattern?

- Full-time
- Part time
- Maternity leave, paternity leave, parental leave, adoption leave
- Unpaid carer
- Prefer not to say