

You should use this application form if

- you are already registered with the GMC

AND

- you want to change your name on the Medical Register

**You must email copies of your supporting documents (and official English translations if appropriate) before we can accept this application.**

If you save this form and email manually, please attach your supporting documents to the same email.

If you use the 'Submit form' button, please email your supporting documents separately to [regsupport@gmc-uk.org](mailto:regsupport@gmc-uk.org)

**Please fill this form electronically. Then, if you use a software email client (such as Outlook), click on 'Submit form' in the top right of the screen.**

**If you use webmail, such as hotmail or gmail, fill the form in then save it and send it to:**

[regsupport@gmc-uk.org](mailto:regsupport@gmc-uk.org)

The information you give on this form will be used by the GMC to:

- Process your application
- Update the Registers
- Administer and maintain your registration and licence to practise
- Process complaints
- Compile statistics and undertake research
- Send you GMC guidance, news and other information.

We may be asked to provide your registered address to the British Medical Association, medical defence organisations and medical Royal Colleges and faculties so that they can keep their records up to date. We will only do so where we are satisfied you are already a member. If you do **not** want us to give your registered address to these organisations, please tick here.

To see the levels of information we share with different parties, please see our privacy policy at [www.gmc-uk.org/privacy/](http://www.gmc-uk.org/privacy/)

All dates must be entered in the format **DD/MM/YYYY**

If you need more space please use the supplementary information sheet at the end of this form

### Your personal details

GMC reference number	<input type="text"/>
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I wish to change my name on the Medical Register from

Family name or surname	<input type="text"/>
First name	<input type="text"/>
Other names	<input type="text"/>

to

Family name or surname	<input type="text"/>
First name	<input type="text"/>
Other names	<input type="text"/>

Date of birth	<input type="text"/>	Gender	<input type="text"/>
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### Your contact details

Please enter your details below and tick this box if you are providing a new registered address:

Home telephone	Work telephone	Mobile telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		
Full address	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>

**Reason for changing name**

Type of change	Evidence of change (please tick one box only)	
<b>All changes</b>	I will send an English translations of any documents that are not issued in English	<input type="checkbox"/>
Change of family name on marriage/civil partnership	I will send a copy of my marriage or civil partnership certificate with this form (or soon after) to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>
Change of family name back to maiden name	I will send a copy of my old and new passport, <b>or</b> my new passport with either my decree absolute, primary medical qualification, birth certificate or marriage certificate, to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>
Change of family name - other	I will send a copy of my old and new passport <b>and</b> an explanation as to why I wish to change my family name (please use page 5) with this form (or soon after) to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>
Expansion of initials (your current GMC registered name must show the initial of the name you want to expand)	I will send a copy of my current passport confirming my full name, <b>or</b> a letter from my medical school <b>or</b> medical registration certificate confirming my full name, with this form (or soon after) to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>
Removal of a name	I will send a copy of my old and new passports showing my old and new names with this form (or soon after) to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>
Addition of a new first or middle name	I will send a copy of my old and new passports showing my old and new names with this form (or soon after) to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>
Addition of a name you have had since birth	I will send a copy of my current passport <b>and</b> either my birth certificate <b>or</b> primary medical qualification with this form (or soon after) to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>
Complete change of name	I will send a copy of my old and new passport <b>and</b> an explanation as to why I wish to change my name (please use page 5) with this form (or soon after) to <a href="mailto:regsupport@gmc-uk.org">regsupport@gmc-uk.org</a>	<input type="checkbox"/>

In some cases we may also need to see original documents before completing your name change.

Please continue to use the name under which you are currently registered until we tell you that we have made the change you required.

## Declaration

I request that the entry of my name in the Register be changed. I intend in future to act and be known by the new name noted above. In applying for my name to be changed on the Register, I agree to:

1. the General Medical Council (GMC) making any enquiries that it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent that the GMC shall ask to carry out checks on its behalf, making any necessary checks, to verify the information I have given
3. enquiries being made before and while I am registered, including enquiries overseas which may involve the transfer of my personal data outside the European Economic Area
4. the recipient of any enquiries providing the information requested
5. my personal data being given to my referees, government bodies and other third parties as may be reasonably necessary.

The information I have provided in my application is correct and true.

I understand that if I have made a false declaration, or provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practise and report the matter to the police.

I understand that to protect the public, the GMC may share my registration and licensing information with UK and international regulators, public litigation and prosecution bodies and law enforcement organisations.

I have read [Good medical practice](#) and understand that my actions may be judged against the standards and principles it contains.

Tick this box to confirm that you have read and agree to the declaration

Use this sheet to provide details as prompted in the application form.  
Please use the columns to help you set out your answer where appropriate.  
You can photocopy this sheet if you need more space.
