

CN6

Form for applying for a Certificate of Eligibility for GP Registration through the combined programme

You should use this form if you are eligible to apply for a Certificate of Eligibility for GP Registration (CEGPR) through the combined programme.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Before you submit your application please make sure you have read the following sections of our website:

- [About the combined programme](#)
- [Applying for a CESR or a CEGPR through the combined programme](#)

For office use only

Application ID:

Date review received:

This is a fillable PDF. You may type into the sections where we require answers.

All registered doctors' Level 1 information will be published in the List of Registered Medical Practitioners on our website and made available to any enquirer. Level 1 information consists of registered doctors' reference number, gender, name, any former name, year and place of primary medical qualification, status on the Register, date of registration, licensing history, the date on which their annual retention fee is due, and any publicly available fitness to practise history.

We will provide Level 3 Information to the UK health departments, employers and other regulatory bodies. Level 3 information consists of registered doctors' Level 1 information plus, date of birth, photograph, passport details, registered address and whether a doctor is subject to investigation under the fitness to practise procedures.

Please see our website for more information: http://www.gmc-uk.org/privacy_policy.asp

Please send your completed application along with all the required documentation to:

General Medical Council, Specialist Applications Team, 3 Hardman Street, Manchester M3 3AW.

Before you complete this application

Guidance

You will need to make sure you have read **all** of the relevant guidance on our website:

- www.gmc-uk.org/doctors/registration_applications.asp

What to submit

Along with your completed application form, you should also send us the following:

1) A full and current curriculum vitae (CV)

Please make sure it complies with our CV guidance:

http://www.gmc-uk.org/doctors/registration_applications/cesr_cegpr_cv.asp

2) Application fee

A cheque for the fee (www.gmc-uk.org/doctors/fees/index.asp).

Your personal details

GMC reference number		Title (Dr, Mr, Mrs, etc.)	
Family name or surname*			
First name*			
Other names*			
Date of birth	<input type="text" value="dd"/>	<input type="text" value="mm"/>	<input type="text" value="yyyy"/>
	Gender		

*You must make sure your name matches your entry on the [Register](#)

Your contact details

Full address			
Postcode		Country	
Home telephone	Work telephone	Mobile telephone	
Email address			
Preferred method of contact	email <input type="radio"/>	letter <input type="radio"/>	

Your specialty training

Entry point (ST1, ST2, etc.)			
Date of entry to specialty training programme	dd	mm	yyyy
Completion of training date	dd	mm	yyyy
National training number			

Your posts

Please list the posts you undertook before your entry to your approved specialty training programme that were considered by your parent college as part of your application for entry above ST1.

Please start with the most recent and work backwards.

Post 1							
Hospital (name and address)							
Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
Post 2							
Hospital (name and address)							
Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
Post 3							
Hospital (name and address)							
Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
Post 4							
Hospital (name and address)							
Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
Post 5							
Hospital (name and address)							
Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy

Checklist

Please make sure you include the following documentation with your application:

- | | |
|--|--|
| 1. Current curriculum vitae (please see our CV guidance) | |
| 2. A cheque for the fee (www.gmc-uk.org/doctors/fees/index.asp) | |

You can find guidance on authentication, validation and anonymisation in our [important notice about evidence](#).

Declaration

I apply for a Certificate of Eligibility for Specialist Registration in the above named specialty(ies) and confirm the following:

1. If I commit a reportable action while my application is being processed (before I receive a decision) that I will inform the GMC immediately and that I understand that any failure to do so will result in my application being rejected and I will be reported to the Fitness to Practise Directorate and any other medical regulatory authority with whom I hold registration.
2. I consent to the GMC contacting other third parties, including the Royal Colleges or Faculties, medical regulatory authorities, government bodies and other in connection with my application as may be reasonably necessary.
3. I consent to my personal data being given to other third parties, including the Royal Colleges or Faculties, medical regulatory authorities, government bodies and others in connection with application as may be reasonably necessary.
4. I understand that, before my application is considered complete, the GMC may request additional documentation.
5. I understand that if I supply any serious misrepresentation with the intention to mislead, it will result in my application being rejected and I will be reported to the Fitness to Practise Directorate and any other medical regulatory authority with whom I hold registration.
6. The information given on this form is true, complete and accurate and that no information requested or other relevant information has been omitted.
7. I understand that if I do not follow the guidance on patient and colleague confidentiality my application may be adversely affected or delayed, and my application could be rejected.
8. I have enclosed all of the appropriate documentation (listed above).
9. I understand that if my application is withdrawn, I will be charged a scrutiny fee for the work the GMC has already carried out, and this will be deducted from my refund.

Your entry onto the GP Register

Your name must be included in the GP Register if you wish to practise as a General Practitioner.

Please indicate if you would like your name to be included on the GP Register if your application is approved.

I apply for entry onto the GP Register

I do not want to apply for entry onto the GP Register

Your signature

Please sign and date below to confirm all of the above declarations

Signature			
Date	dd	mm	yyyy