

# CN8a

General  
Medical  
Council

## Form for applying for a review – supplementary form

### Your personal details

GMC reference number		Date of birth	dd	mm	yyyy
Full name					

### Your original application

Application ID		Date of decision letter	dd	mm	yyyy
Specialty					

### 6 - Evidence submitted in support of your application

Please refer to your decision letter and College evaluation form if you have one. Look for the heading **Further required training, assessment and examination** to see what recommendation is listed for you.

In this section of the form, you must state the recommendation you would like us to review. Please state the period of training that was recommended and the fields it covers. And state the documentation that was recommended that you need to supply to demonstrate the required standard.

If you are applying for a review based on additional evidence, please complete section 6a. If you are applying for a review because you consider a procedural error has been made, please complete section 6b.

Please list the additional documents you wish to submit and also explain in the comments box how you consider that you now meet the required standard, and, in the case of procedural error, where that error has occurred.

If you have any comments that you do not consider relate to a specific recommendation, you can state these in the **additional comments** section.

**6a - Additional evidence**

**Recommendation 5**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**6a - Additional evidence**

**Recommendation 6**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**6a - Additional evidence**

**Recommendation 7**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**6a - Additional evidence**

**Recommendation 8**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**6a - Additional evidence**

**Recommendation 9**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**6a - Additional evidence**

**Recommendation 10**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**6a - Additional evidence**

**Recommendation 11**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**6a - Additional evidence**

**Recommendation 12**

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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**Additional comments**

Please state below any additional comments that you do not consider to relate to a specific recommendation

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## Declaration

I agree to:

1. the General Medical Council (GMC) making any other enquiries that it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent that the GMC 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 provide 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 and law enforcement organisations.

I understand that if my application is granted my name will be entered onto the Specialist Register or the GP Register as appropriate.

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

I have in place, or will have in place at the point at which I practise in the UK, insurance or indemnity arrangements appropriate to the areas of my practice.

I confirm I agree with the statements in the Final Declaration.

## 9 - Your signature

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

Signature			
Date	<input type="text" value="dd"/>	<input type="text" value="mm"/>	<input type="text" value="yyyy"/>