



# Registering as a Chiropractor with the General Chiropractic Council

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Application form for Chiropractors with  
an unrecognised overseas qualifications

Please read this application form carefully before filling it in with **black ink** and **BLOCK CAPITALS**, referring to the notes where necessary.

Once filled in please post this form, together with your supporting documents to:

Registration applications  
General Chiropractic Council  
44 Wicklow Street  
London  
WC1X 9HL

If you need advice on how to fill in this form, or do not hold a relevant unrecognised overseas qualification, please contact the Registrations team:

Phone: +(0)20 7713 5155  
Email: [registrations@gcc-uk.org](mailto:registrations@gcc-uk.org)

**Important:** If your application form is not filled in properly or if **any** of your supporting documents do not meet the criteria explained in these notes, your application may be delayed.



### **What is the General Chiropractic Council?**

The General Chiropractic Council (GCC) is the statutory regulatory body for chiropractors in the United Kingdom, established by the Chiropractors Act 1994 (the Act). The GCC is responsible for maintaining the Register of Chiropractors.

### **Who must be registered?**

Anyone wishing to practise as a chiropractor in the UK must be registered with the GCC. It is a criminal offence under Section 32(1) of “the Act” to describe yourself as a chiropractor (or imply that you are a chiropractor) if you are not registered. Chiropractors must be registered before they begin practising in the UK.

### **What is the registration process for someone who has an unrecognised overseas chiropractic qualification?**

Before you sit the test of competence we need to make sure you are eligible for registration. Therefore we ask that you send us:

1. this application form filled in; and
2. a letter from your chiropractic college (see point (a) on page 3)

### **Once we have confirmed you meet the requirements for registration we will send you the test application form.**

We would normally expect to check your application within 24 hours of its arrival, excluding weekends and bank holidays.

Once we have checked your application you would either hear from us with details of any outstanding requirements or we will send you an application form for the test of competence – usually by email. You can then apply to sit the test on one of the available dates of your choice.

### **Test of competence**

As part of the registration process, we need to confirm that you meet the standard of proficiency for chiropractors in the UK and are familiar with the code of practice. This is done by passing a board exam, or test of competence. The test is held throughout the year at the University of South Wales, in Pontypridd, Glamorgan. You will find dates of the test on our website (go to [www.gcc-uk.org](http://www.gcc-uk.org)).

You must send the completed test application form, together with the test fee of £1,500, direct to the University of South Wales.

Make sure that you update us with any new UK telephone number/s that you have. We can then phone you with your test results. If you have passed the test we will let you know of any other documents you need to provide to complete your application. If you have failed we will ask if you wish to sit the test again.

### **When you have passed the test**

Once you have passed the test you may apply for registration at any time. Although, you may be asked to send in up to date application documents if some time has elapsed since you passed the test.

Once registration is granted we will send you an email to confirm your registration and giving your registration number. A letter confirming your registration and a pack will then be posted to the address you have given as your registered address on page 7.

Your name and registered details will be added to our website on the day of registration or shortly thereafter.



## Checklist of supporting documents

Use this checklist to make sure you have included all of the documents we need to register you with. Documents marked “\*” must be sent to us with your application.

**Before you sit the test you must fill in and send us this application form, together with:**

### a) Evidence of your chiropractic education

\* Confirmation of chiropractic qualification

The Chiropractors Act 1994 gives the GCC responsibility for recognising qualifications for the purposes of registration in the United Kingdom. We are not able to register someone on the basis of recognition with any other body.

The GCC is able to register someone with a relevant unrecognised chiropractic qualification, if he or she first passes a test of competence. However, as the GCC (Registration of Chiropractors with Foreign Qualifications) Rules 2002 specify the requirements for qualifications to register, we ask that candidates firstly send us evidence to confirm that the chiropractic qualification they have meets our requirements.

The evidence can be a transcript or a letter, but must include your full name, the chiropractic qualification you hold and the date you achieved it. It must also show how the qualification meets the following criterion.

The qualification must have been completed:

- 1) following completion of a course of education or training in chiropractic normally requiring the undertaking of not less than 4,800 hours of study, tuition and clinical experience in chiropractic; or
- 2) following completion of:
  - i) a first degree in a human science, and
  - ii) a course of education or training in chiropractic normally requiring the undertaking of not less than 2,200 hours of study, tuition and clinical experience in chiropractic

**Before registration can be granted you will need to provide further documentation. You can do this at any time, but we cannot register you until your application is complete and we have all of the documents we need.**

### b) Evidence of your identity

So that we can be sure you are who you say you are please send us a **copy** of your birth certificate and any change of name documents, for example, marriage certificates. Copies **must** be certified by the person providing you with your character reference, or stamped and signed by an officer of the college who awarded you with your chiropractic qualification.

\* Birth Certificate

Change of name documents

for example, marriage certificate, change of name deed

Naturalisation papers

If you have changed nationality

Copy of the pages from your passport giving your personal details

If you are either not a UK national or hold dual nationality



## Checklist of supporting documents continued

### c. Evidence of your good character

\* Character reference

This must be written dated and signed by someone of professional standing who has known you for four or more years. This reference is valid for 3 months from the date it is signed.

\* Police record check(s).

List below the countries from where you are providing the police check(s):

You will need to send us a **CRIMINAL RECORD CERTIFICATE OR POLICE RECORD CHECK CERTIFICATE** (or the equivalent) from the national repository of criminal records of each country where you have either worked or lived for a period of at least 12 months.

If you have practised or lived in the United States, the document you need is issued by the FBI.. If you require a certificate for having lived in the UK, you will need to complete form number 3019 available from the metropolitan police ([www.met.police.uk/information/request\\_forms](http://www.met.police.uk/information/request_forms)). Police checks are considered valid for 12 months from the date they are written.

Important: in some countries it can take several months to receive these certificates

Court Extract/ Evidence of conviction (see Section 3: criminal offences)

If you declare a criminal conviction or caution, you will need to provide us with a copy of official documentation showing the details of the offence and the sentence/ caution.

Any negligence claim paperwork you have (see Section 6: professional negligence)

If an allegation of professional negligence has ever been proved against you, please send us documents showing the allegation and the outcome.

Certificate of good standing/ registration/ current professional status (see Section 5: regulated practice)

If you are or have been registered to practise any regulated profession in any country send us certificates of good standing from all of those regulatory bodies to confirm your standing. Certificates are considered valid for 12 months from the date they are written.

### d. Evidence that you are physically and mentally fit

\* Medical report

You need to send us a medical report, which should be written, dated and signed by your GP, who will have access to your medical note for the past four or more years. If you are not registered with a GP, or your GP does not hold medical records going back 4+ years, we can still accept a medical report from your GP, but it will need to be written based on an examination.

### e. Other documents

Certified translation

If any of your documents are not in English, you must enclose a certified translation of the document with the original. For the purposes of registration, certified translations can only be provided by translators who are members of the Institute of Translation & Interpreting (☎01908 325250, [www.iti.org.uk](http://www.iti.org.uk)), consular officials or similar.

Professional indemnity insurance

If you will be practising in the UK, please send us evidence of your professional indemnity insurance to show you have cover against any claims. For example, a copy of the insurance coversheet, or an email from your chiropractic professional association s the date insurance is due to start. The minimum amount of insurance cover you must have is £3million.

## Checklist of supporting documents continued

### f. \* Registration fee

A fee of £750 must accompany this application unless you do not intend to engage in the practice of chiropractic within the United Kingdom, in which case the fee is £100.

a. I am applying for: practising (£750)  non practising (£100)

### b. Please tick below how you will be paying the fee.

Cheque

Cheques (sterling only) should be made out to “General Chiropractic Council” and from a UK bank account.

**Important:** cheques take 5 working days to clear our account and we cannot register you until then. If you would like registration to start earlier please choose one of the other methods of payment.

Credit or debit card

You will only be able to pay with your card on the day registration is due to start, so please make sure you are available to make the payment. We will normally email you the details of how to sign-up to use the website and make your payment.

Electronic transfer

Please note that there are different types of electronic transfer, some are immediate and others can take three working days to arrive into the GCC account. You will need to check with your bank first.

Make your electronic transfer payment to:

Santander plc	Account Name:	General Chiropractic Council
Bridle Road	Account Number:	06989640
Bootle	Sort Code:	09-07-20
Merseyside	IBAN (Swift) No:	GB49 ABBY 0907 20069896 40
L30 4GB	BIC	ABBYGB2LXXX

Please use your surname as a reference so that we can trace your payment.

**Important:** You will need to cover any fees for the transfer so that the full amount reaches our account. This could happen if you are making a payment from an overseas bank account.

## Section I: your details

### a. Personal details

You must give all of your names as they appear on your Birth Certificate or any subsequent other change of name documents.

Items below marked as (#) will be publicly available and appear on the GCC website.

**Title (eg, Mr/ Mrs/ Miss/ Dr):**

Applicants wishing to use the courtesy title 'Dr' should refer to Section C5 of the GCC's statutory Code of Practice, 2010

# **Female**  **Male**

**# Professional Surname:**

Give the surname that you will be practising under

**Surname:**

If different from the surname under which you intend to practise

**# First Name:**

**# Other Names:**

**Date of Birth:**

**Nationality:**

Give your current nationality below

None of the following details will be publicly available but we will use them to contact you

**Email address:**

Please give a personal email address as some of the messages we send you will include personal information

**Mobile telephone number:**



## Section I: your details *continued*

### b. Registered address details

The address you give as your registered address will form part of your registration details and will be available to the general public and on the GCC website. It will also be the address that we use for correspondence.

Give the details of where you plan to practise or, if applying for non practising registration, then your home address.

Items below marked as (#) will be publicly available and appear on the GCC website

#### # Practice Name:

#### # Practice address or home address:

#### # Post Code:

#### # Country:

#### # Your telephone number at the above address:

#### Practice website address:

#### # Public email address:

If you will be practising from more than one practice and would like your additional practice details to be displayed on the GCC website, please provide the practice name, address and telephone number on a separate piece of paper.



## Section 2: professional education & qualifications

**a) Give the names of each of the chiropractic institutions that you have attended and the dates of your attendance**

Please give the names of any chiropractic institutions you have attended, and the dates you attended them. A chiropractic educational institution is defined as a university department, college, or similar institution that provides a course leading to a specific award in chiropractic.

Institute	Date from DD / MM / YYYY	Date to DD / MM / YYYY

**b) If you attended more than one institution; at which institution did you qualify as a chiropractor?**

Give the name of the institution that awarded your chiropractic qualification.

**c) On what date did you qualify as a chiropractor?**

Give the date on which you were notified that you had achieved the award, not the date of your graduation ceremony.

**d) What chiropractic qualifications do you have?**

Give the title of your chiropractic qualification.

**e) Have you been subject to any sanctions over your fitness to practise when a chiropractic student?**

Yes

No

**f) If 'Yes', please give full details of any sanctions below:**





### Section 3: criminal offences

**Important:** Once registered you must notify the GCC within 7 days of any criminal convictions or cautions you receive

Registration with the GCC is exempt from the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders (Northern Ireland) Order 1978 [S.I. 1978/1908 (N.I.27)] under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 [S.I. 1975/1023] and the Rehabilitation of Offenders (Exceptions) Order 1979 [S.R. 1979 No. 195].

You need to disclose by virtue of the above Exception Orders ALL criminal convictions and cautions whether 'spent' or not under the 1974 Act and its subsequent revisions, other than a protected caution or protected conviction.

**You may need to include with your application**

If you declare criminal convictions or cautions then you will need to provide a **copy of any official documentation** you have so that we can confirm the details. Depending on the offence we may request additional information from you.

**Important:** Applicants who declare a drink/ drive or drug related offence will be asked to attend a health assessment with a consultant psychiatrist. This is so that we can be as sure as we can that the applicant is in good health, both physically and mentally.

a) **Have you been convicted of a criminal offence, or cautioned, in any country?** Yes  No

b) **If "Yes", give the following details:**

Your name when the offence was committed:

Nature of the offence:

Name of Court where convicted or police force if cautioned:

Country where offence was committed:

Date of conviction or caution:

**Sentence (e.g. term of imprisonment, fine, probation):**

Please continue on a separate sheet if necessary, in respect of every criminal conviction or caution



## Section 4: health

You do not need to include minor ailments.

- a) **Do you suffer from any ongoing medical problem, either physical or mental, which may adversely affect your ability to competently and safely practise chiropractic?**

Yes

No

- b) **If “Yes”, give full details:**

Over



## Section 5: regulated practice

“Professional Regulatory Body” means an organisation that keeps a register of persons who have satisfied the body that they are competent to practise. Such a body may be a voluntary professional association (e.g., a chiropractic association) or a statutory body (e.g., Nursing and Midwifery Council).

- a) **Are you or have you ever been registered to practise any regulated profession, including chiropractic, in any country?** Yes  No

- b) **If you have answered “Yes” to a), give the following details below:**

Association and/ or Professional Regulatory Body	Date from DD / MM / YYYY	Date to DD / MM / YYYY

The questions below relate to decisions that have been made by a professional regulatory body in any country and at any time.

### You may need to include with your application

If you answer yes to any of the questions below, please give details on a separate sheet of the proceedings undertaken or contemplated, including the approximate date of the proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned. You will also need to enclose documentation to confirm the details of any proceedings.

- c) **Have you ever been refused registration by any professional regulatory body?** Yes  No
- d) **Have you ever been struck off any register by a professional regulatory body?** Yes  No
- e) **Have you ever been suspended by a professional regulatory body?** Yes  No
- f) **Have there ever been any other disciplinary findings made against you by any professional regulatory body?** Yes  No
- g) **Are there any unresolved complaints against you that have been made to a professional regulatory body?** Yes  No



## Section 6: professional negligence

**You may need to include with your application**

If any allegation of professional negligence has ever been proved against you, please answer 'Yes' in this section and give full details in Section 6(b).

We will ask you to provide documentary evidence of any allegations.

a) **Has any allegation of negligence ever been found to have been proved in a Civil Court in any country?** Yes  No

b) **If 'Yes', please give full details of any judgement which was given against you below**



## Section 7: declaration

Sign and date the declaration to confirm you have read and understood it.

**CAUTION:** Applicants must note that if any entry on the Register is fraudulently procured or incorrectly made, action will be taken under the provisions of Section 10 of the Chiropractors Act, 1994.


### Professional indemnity insurance





In accordance with the General Chiropractic Council (Professional Indemnity Insurance) Rules 1999, all registered chiropractors who practise as chiropractors in the UK must hold professional indemnity insurance. The minimum level of cover required is £3million and the insurance must include perpetual cover in relation to things done during the period of cover.

- I shall, whilst in practice, secure and maintain insurance against liability to or in relation to patients in respect of the prescribed risks.
- I declare that all information supplied by me in support of my application for registration with the General Chiropractic Council is, to the best of my knowledge and belief, true and accurate.
- I understand that the Registrar may take steps to verify any such information supplied by me, and that such steps may include a visit to any address at which I practise. In the event of any such visit I agree to cooperate fully.
- I understand that under Section 32(1) of the Chiropractors Act 1994 it is a criminal offence to describe myself as a chiropractor in the UK (whether expressly or by implication), if I am not registered with the General Chiropractic Council.
- I agree to notify the General Chiropractic Council within 7 days of any criminal convictions or cautions I receive.
- I declare that I have read the current General Chiropractic Council's **Code of Practice and Standard of Proficiency** and understand that my actions may be judged against the standards and principles it contains.

Signed:

Dated:

 Registrations Team  
General Chiropractic Council  
44 Wicklow Street  
London  
WC1X 9HL

 + (0)20 7713 5155  
 + (0)20 7713 5844  
 [registrations@gcc-uk.org](mailto:registrations@gcc-uk.org)  
 [www.gcc-uk.org](http://www.gcc-uk.org)



## Section 8: guidance notes

### Things that will speed up your application

1. Ensure your application is filled in correctly before you post it to us. Check that the documents fit with the requirements we have listed on pages 2, 3 & 4 of this form.
2. Make your payment by electronic transfer (CHAPS), which will clear our account immediately. If you pay by cheque then you will have to wait at least five working days for your registration to start while the cheque clears our account.
3. Make sure you provide current contact details and an email address so that we can get in touch with you easily. If you are in the process of moving make sure you keep us up to date with any changes to your contact details.
4. If you have new practice details please provide them as soon as you can so that we can add them to your website listing. Once registered you will be able to do this online.

**Important:** we are required to list an address for you on the Register. If you do not provide us with a practice address and telephone number, we will list your home address and telephone number instead.

5. Check your emails regularly after you apply for registration as this is our preferred method of contact.
6. Check your junk email folder as messages can sometimes be “junked” automatically.

### Future retention payments

In future years you may like to make your retention payment by Direct Debit. If you wish to do so please complete the direct debit mandate overleaf.

Please note it is only possible to pay the retention fee in ADVANCE. We cannot take payments in arrears.



# Payment of future annual retention fees by Direct Debit

I will make the following payment(s) to the GCC:

Frequency	Date	Please tick	
Quarterly	Jan/April/July/October	<input type="checkbox"/>	If the Direct Debit starts later than January the missed payments will be split equally between the remaining payments.  This means that if there is only one payment left before 30 November the full payment will be collected on the payment date.
Monthly	January – October	<input type="checkbox"/>	

Name:

## Instruction to your Bank or Building Society

Please fill in the whole form using a ball point pen and send it to:

General Chiropractic Council  
44 Wicklow Street  
LONDON WC1X 9HL

Service User Number



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Name(s) of Account Holder(s)


Reference (for Office use only)

Bank/Building Society account number

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Branch Sort Code

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Name and postal address of your Bank/ Building Society

To: The Manager Bank/Building Society

Address


Postcode

## Instruction to your Bank or Building Society

Please pay the General Chiropractic 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 may remain with the General Chiropractic Council and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)


Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

## The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change the General Chiropractic Council will notify you 7 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the General Chiropractic Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

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# DIVERSITY QUESTIONNAIRE



Completion of this form is entirely voluntary and is not a requirement of registration.

The General Chiropractic Council is committed to promoting and developing equality and diversity in all our work. We want to be as sure as we can that our policies and ways of working are fair and do not discriminate against individuals or groups. To help us monitor the effectiveness of our policies and practices we ask you to complete this diversity questionnaire. This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used to produce statistics to enable the GCC to look at the diversity profile of our registrants. Through this we can check a variety of processes to ensure equality and address issues as they arise. This form will be detached and securely held separately from the rest of your registration file.

## 1. Ethnic origin

Tick **ONE** of the boxes below that best represents your cultural background

### Asian:

- Bangladeshi
- Indian
- Pakistani
- Other (please specify)

### Mixed Ethnic:

- Asian & White
- Black African & White
- Black Caribbean & White
- Other (please specify)

### Black:

- African
- Caribbean
- Other (please specify)

### White:

- White
- Irish
- Other (Please specify)

### Chinese:

- Chinese
- Other (please specify)

### Any other ethnic background: (please specify):

Prefer not to say

## 2. Disability

Do you consider yourself disabled?

Disabilities include, for example, dyslexia or a mental health condition that is being well managed

- Yes     No     Prefer not to say

## 3. Gender identity

1. Is your gender identity the same as the gender you were assigned at birth?  
 Yes     No     Prefer not to say
2. Do you live and work full time in the gender role opposite to that assigned at birth?  
 Yes     No     Prefer not to say
3. Do you feel able to discuss your gender identity with colleagues at work?  
 Yes     No     With some people, but not all     Prefer not to say

## 4 Religion/ belief

Tick **ONE** of the boxes below that represents your religion/ beliefs

- Buddhist     Christian     Hindu     Jewish  
 Muslim     Sikh     None     Prefer not to say  
 Other religion/ belief (Please specify):

## 5 Sexual orientation

Tick **ONE** of the boxes below that represents your sexual orientation

- Bisexual     Gay man     Gay woman     Heterosexual     Prefer not to say

Thank you for completing the questionnaire