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SCHEDULE

Article 3(1)

FORM OF APPLICATION FOR REGISTRATION DURING TRANSITIONAL PERIOD

Section 1: YOUR DETAILS	<i>Office use only</i>
(a) Title (Mr., Mrs., Miss, Ms, Other)	
(b) Male/Female	
(c) Professional Name	
(d) Surname (if different)	
(e) First Name	
(f) Other names in full	
(g) Date of Birth (DD/MM/YYYY)	
(h) Age on date of application	
(i) Nationality	
(j) Address of sole or principal practice, or place of residence if not in practice	
(k) Postcode	
(l) Country	
(m) Main telephone number (including STD code)	
(n) Fax number (including STD code)	
(o) Mobile telephone number	
(p) Emergency telephone number (including STD code)	
(q) E-mail address	
(r) Address of place of residence (if not given above)	
(s) Postcode	
(t) Country	

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Section 2: APPLICATION FOR FULL OR CONDITIONAL REGISTRATION	<i>Office use only</i>
(a) Are you applying for Full Registration as having a recognised qualification? YES/NO	
(b) Are you applying for Full Registration as having practised for 5 out of the last 7 years? YES/NO	
(c) Are you applying for Conditional Registration as having practised for 4 out of the last 6 years? YES/NO	
(d) Are you applying for Conditional Registration as having practised for less than 4 years? YES/NO	

Section 3: YOUR CHARACTER	<i>Office use only</i>
<p>Registration with the General Chiropractic Council 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 (Northern Ireland) 1979 [S.R. 1979 No. 195].</p> <p>You are obliged to disclose by virtue of the above Exceptions Orders <i>ALL</i> criminal convictions whether 'spent' or not under the 1974 Act and its subsequent revisions. Parking and minor traffic offences only punishable by fine may be excluded.</p>	
(a) Have you ever been convicted of a criminal offence? YES/NO	
(b) If YES, please give the following details-	
Your name when the offence was committed	
Nature of the offence	
Country where offence committed	
Date of conviction	
Sentence (e.g. term of imprisonment, fine, probation, etc)	
<i>[Please continue on a separate sheet, if necessary, in respect of every criminal offence of which you have been convicted]</i>	

Section 4: YOUR HEALTH	<i>Office use only</i>
(a) Have you ever had a medical problem, either physical or mental, which has prevented you from practising chiropractic? YES/NO	
(b) If YES, please give full details	

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Section 5: PROFESSIONAL EDUCATION & QUALIFICATIONS	<i>Office use only</i>
(a) Have you attended a chiropractic educational institution? YES/NO	
(b) If YES, please give the names of each of the institutions which you have attended and the dates of your attendance.	
(c) On what date and at which institution did you qualify as a chiropractor?	
(d) What chiropractic qualifications do you have?	
(e) If you have no chiropractic qualification, please say why you think that you should be considered for registration as a chiropractor.	
(f) What <i>other</i> academic or professional qualifications do you have?	

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Section 6: PROFESSIONAL EXPERIENCE AS A CHIROPRACTOR	<i>Office use only</i>
(a) In which period and in which country did you <i>first</i> practise as a chiropractor?	
(b) In which periods and in which countries have you since practised chiropractic?	
(c) Describe the nature and extent of your practice during the periods referred to in (a) and (b) above.	
(d) Have you ever practised chiropractic in a country where the practice of chiropractic was prohibited? YES/NO	
(e) If YES, please give the name of the country and the dates on which you practised in that country	
(f) Have you ever practised chiropractic in a country where the practice of chiropractic was prohibited unless certain legal requirements were complied with? YES/NO	
(g) If YES, please give the name of the country, the dates on which you practised in that country, and state what evidence you can offer to show that you complied with the legal requirements.	
(h) Are you currently practising chiropractic? YES/NO	
(i) If NO, please say why not	

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Section 6: PROFESSIONAL EXPERIENCE AS A CHIROPRACTOR—cont.	<i>Office use only</i>
(j) Do you intend to practise during the transitional period? YES/NO	
(k) If NO, please say why not	

Section 7: PROFESSIONAL NEGLIGENCE	<i>Office use only</i>
(a) Has any allegation of professional negligence in relation to your practice of chiropractic been made against you in a civil court in any country? YES / NO	
(b) If YES, was the allegation of negligence found to have been proved? YES/NO	
(c) If YES, please give the details of any judgement which was given against you.	

Section 8: PROFESSIONAL INDEMNITY INSURANCE	<i>Office use only</i>
(a) Are you currently protected by a policy of professional indemnity insurance? YES/NO	
(b) During which periods have you held such insurance in the past?	
(c) Have you ever been required to pay an increased premium for such insurance? YES/NO	
(d) Have you ever been quoted such insurance on loaded terms? YES/NO	
(e) Have you ever been refused such insurance? YES/NO	
(f) If you know why you were required to pay an increased premium, or why you were quoted insurance on loaded terms, or why you have been refused insurance, please give this information.	

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Section 9: MEMBERSHIP OF PROFESSIONAL BODIES	<i>Office use only</i>
(a) Are you a member of any national or international chiropractic body? YES / NO	
(b) If YES, please give the name of any such body and the period for which you have been a member.	
(c) Are you a member of any <i>other</i> professional body? YES/NO	
(d) If YES, please give the name of any such body and the period for which you have been a member.	

Section 10: PROFESSIONAL REGISTRATION AND DISCIPLINARY PROCEEDINGS	<i>Office use only</i>
(a) During which periods, if any, have you been registered in a register maintained by a professional regulatory body?	
(b) Have you ever been <i>refused</i> registration as a chiropractor by any professional regulatory body in any country? YES/NO	
(c) If YES, please give details of the professional regulatory body and the reasons given for the refusal to register.	
(d) Have you ever been <i>struck off</i> any register by a professional regulatory body? YES/NO	
(e) If YES, please give details of the register, the reason why you were struck off, and the dates during which the striking-off was effective.	

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Section 10: PROFESSIONAL REGISTRATION AND DISCIPLINARY PROCEEDINGS—cont.	<i>Office use only</i>
(f) Have you ever been <i>suspended</i> by a professional regulatory body from practice in providing chiropractic or other professional services? YES/NO	
(g) If YES, please give details of the reason why you were suspended, and the dates during which the suspension was effective.	
(h) Have there ever been any <i>other</i> disciplinary findings made against you by a professional regulatory body? YES/NO	
(i) If YES, please give full details	
(j) Are there any <i>unresolved</i> complaints against you which have been made to a professional regulatory body? YES/NO	
(k) If YES, please give the following details in respect of each complaint:	
The professional regulatory body to which the complaint has been made	
The date of the complaint	
The nature of the complaint	
<i>[Please continue on a separate sheet, if necessary, in respect of each complaint that has been made against you]</i>	

Section 11: FEES	<i>Office use only</i>
A fee of £1,000, if the application is made before 15th June 2000, or £1,250 if the application is made subsequently, must accompany this application unless you satisfy the Registrar that, by virtue of sickness or other reason, you do not intend to engage in the practice of chiropractic during the transitional period within the United Kingdom, the Channel Islands, the Isle of Man or a state within the European Economic Area, in which case the fee is £100.	
If you enclose a fee of £100 because you fall within the ground mentioned above, give particulars relating to your practice as a chiropractor.	

