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SCHEDULES

SCHEDULE 1

Rules 4(1), 7(4) and 8(2)(a)

FORMS

FORM A GENERAL CHIROPRACTIC COUNCIL FORM OF APPLICATION FOR
REGISTRATION AFTER TRANSITIONAL PERIOD

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

IMPORTANT

This form must be completed in CAPITAL LETTERS and in BLACK INK.

Please read carefully the accompanying information leaflet *as you complete the form* in order to avoid mistakes which may lead to a delay in your application.

1. DETAILS OF APPLICANT

Title (Mr., Mrs., Miss, Ms or Other):

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Male or female:

Professional name:

Surname (if different):

First name:

Other names in full:

Date of birth:

Age on date of application:

Nationality:

Address of sole or principal practice, or address of place of residence if not in practice:

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Postcode:

Country:

Main telephone number:

Fax number:

Mobile telephone number:

Emergency telephone number:

E-mail address:

Address of place of residence (if not given above)

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Postcode:
Country:

2. CHARACTER

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 1979 [S.R. 1979 No. 195].

You are obliged to disclose by virtue of the above Exception Orders *ALL* 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.

- A. Have you ever been convicted of a criminal offence? (Y/N)
- B. If so, 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.):

[Please continue on a separate sheet, if necessary, in respect of every criminal offence of which you have been convicted.]

3. HEALTH

- A. Have you ever had a medical problem, either physical or mental, which has prevented you from practising chiropractic? (Y/N)
- B. If so, please give full details:
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4. PROFESSIONAL EDUCATION AND QUALIFICATIONS

- A. Have you attended a chiropractic educational institution? (Y/N)
- B. If so, please give the name of each institution which you have attended, and the dates of your attendance.
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- C. On what date and at which institution did you qualify as a chiropractor?
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- D. What chiropractic qualifications do you have?
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E. What *other* academic or professional qualifications do you have?
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5. PROFESSIONAL NEGLIGENCE

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? (Y/N)
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B. If so, was the allegation of negligence found to have been proved? (Y/N)

C. If so, please give the details of any judgement which was given against you.
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6. PROFESSIONAL INDEMNITY INSURANCE

A. Are you currently protected by a policy of professional indemnity insurance? (Y/N)

B. Have you ever been required to pay an increased premium for such insurance? (Y/N)

C. Have you ever been quoted such insurance on loaded terms? (Y/N)

D. Have you ever been refused such insurance? (Y/N)

E. 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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7. MEMBERSHIP OF PROFESSIONAL BODIES

A. Are you a member of any national or international chiropractic body? (Y/N)

B. If so, please give the name of any such body, and the period for which you have been a member.
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C. Are you a member of any *other* professional body? (Y/N)

D. If so, please give the name of any such body, and the period for which you have been a member.
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8. PROFESSIONAL REGISTRATION AND DISCIPLINARY PROCEEDINGS

A. Have you ever been *refused* registration as a chiropractor by any professional regulatory body in any country? (Y/N)

B. If so, please give details of the professional regulatory body and the reasons given for the refusal to register.
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- C. Have you ever been *struck off* any register by a professional regulatory body? (Y/N)
- D. If so, 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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- E. Have you ever been *suspended* from practice as a chiropractor by a professional regulatory body? (Y/N)
- F. If so, please give details of the reason why you were suspended, and the dates during which the suspension was effective.
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- G. Have there ever been any *other* disciplinary findings made against you by a professional regulatory body? (Y/N)
- H. If so, please give full details.
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- I. Are there any unresolved complaints against you which have been made to a professional regulatory body? (Y/N)
- J. If so, please give the following details in respect of each complaint–
The professional regulatory body to which the complaint has been made:

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The date of the complaint:

The nature of the complaint:

[Please continue on a separate sheet, if necessary, in respect of each complaint which has been made against you.]

9. FEES

A fee of £1,250 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 period up to 31st December in the year of registration, 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.

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10. EVIDENCE OF IDENTITY

You must supply your birth certificate (or if you were born in another jurisdiction, equivalent evidence of identity) and, if you practice in a different name from that on the certificate, other evidence of identity such as your marriage certificate and/or change of name deed. List below the documents enclosed:

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11. OTHER DOCUMENTS ENCLOSED

The General Chiropractic Council (Registration) Rules 1999 also require a reference as to good character and a report as to physical and mental health meeting the requirements of the Rules, and documents or original certificates conferring relevant qualifications. List below the documents enclosed:

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12. DECLARATION

CAUTION: Applicants are reminded that if any entry on the Register is procured fraudulently they may find themselves subject to disciplinary and criminal proceedings.

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 my principal practice. In the event of any such visit I agree to cooperate fully.

I enclose a fee of £100/£1,250 (delete as appropriate)

Signed:

Dated:

FORM BGENERAL CHIROPRACTIC COUNCILFORM OF APPLICATION FOR AMENDMENT OF THE REGISTER

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IMPORTANT

This form must be completed in **CAPITAL LETTERS** and in **BLACK INK**.

Please read carefully the accompanying information leaflet *as you complete the form* in order to avoid mistakes which may lead to a delay in your application. A fee of £75 must accompany this application.

1. DETAILS OF APPLICANT

Title (Mr., Mrs., Miss, Ms):

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Male or female:

Professional name:

Surname (if different):

First name:

Other names in full:

Date of birth:

Age on date of application:

Nationality:

Your present address as appearing in the register of chiropractors:

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Postcode:

Country:

Main telephone number:

Fax number:

Mobile telephone number:

Emergency telephone number:

E-mail address:

2. DETAILS OF REQUESTED AMENDMENT

Please give details of the change of name, practice address or qualifications or, if you are no longer practising, your place of residence.

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3. DECLARATION

CAUTION: Applicants are reminded that if any entry on the Register is procured fraudulently they may find themselves subject to disciplinary proceedings.

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I declare that all information supplied by me in support of my application for amendment 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 my principal practice. In the event of any such visit I agree to cooperate fully.

I enclose a fee of £75.

Signed:

Dated:

FORM CGENERAL CHIROPRACTIC COUNCILFORM OF APPLICATION FOR RETENTION
ON THE REGISTER

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IMPORTANT

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Please read carefully the accompanying information leaflet *as you complete the form* in order to avoid mistakes which may lead to a delay in your application.

1. DETAILS OF APPLICANT

Title (Mr., Mrs., Miss, Ms):

Male or female:

Professional name:

Surname (if different):

First name:

Other names in full:

Date of birth:

Age on date of application:

Nationality:

Address of sole or principal practice, or address of place of residence if not in practice:

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Postcode:

Country:

Main telephone number:

Fax number:

Mobile telephone number:

Emergency telephone number:

E-mail address:

2. ENTRY ON THE REGISTER TO BE RETAINED

Please give the following details–

A. Your registration number

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B. The date on which the entry of your name on the register was first made

3. CRIMINAL OFFENCES

A. Have you been convicted of a criminal offence since your last application for registration or retention? (Y/N)

B. If so, please give the following details–

Your name when the offence was committed:

Nature of the offence:

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Country where offence committed:

Date of conviction:

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

[Please continue on a separate sheet, if necessary, in respect of every criminal offence of which you have been convicted.]

4. HEALTH

- A. Have you had a medical problem, either physical or mental, since your last application for registration or retention, which has prevented you from practising chiropractic? (Y/N) ...
- B. If so, please give full details:

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5. PROFESSIONAL NEGLIGENCE

- 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 since your last application for registration or retention? (Y/N)
- B. Has any allegation of negligence been found to have been proved since your last application for registration or retention? (Y/N)
- C. If so, please give the details of any judgement which was given against you.....

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6. PROFESSIONAL INDEMNITY INSURANCE

Please give the following details of your professional indemnity insurance

- A. The name of your insurer
- B. The date on which cover expires
- C. The amount of cover provided

7. MEMBERSHIP OF PROFESSIONAL BODIES

- A. Are you still a member of any national or international chiropractic body? (Y/N)
- B. If so, please give the name of any such body, and the period for which you have been a member.

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- C. Have you become a member of any *other* professional body? (Y/N)
- D. If so, please give the name of any such body, and the period for which you have been a member.

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8. PROFESSIONAL REGISTRATION AND DISCIPLINARY PROCEEDINGS

- A. Have you since your last application for registration or retention been *refused* registration as a chiropractor by any professional regulatory body in any country? (Y/N)
- B. If so, please give details of the professional regulatory body and the reasons given for the refusal to register.

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- C. Have you since your last application for registration or retention been *struck off* any register by a professional regulatory body? (Y/N)
- D. If so, 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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- E. Have you since your last application for registration or retention been *suspended* from practice as a chiropractor by a professional regulatory body? (Y/N)
- F. If so, please give details of the reason why you were suspended, and the dates during which the suspension was effective.

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- G. Have there since your last application for registration or retention been any *other* disciplinary findings made against you by a professional regulatory body? (Y/N)
- H. If so, please give full details.

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- I. Are there any unresolved complaints against you which have been made to a professional regulatory body? (Y/N)
- J. If so, 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:

[Please continue on a separate sheet, if necessary, in respect of each complaint which has been made against you.]

9. FEES

A fee of £1,000 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 next year 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.

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10. DECLARATION

CAUTION: Applicants are reminded that if any entry on the Register is procured fraudulently they may find themselves subject to disciplinary and criminal proceedings.

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 my principal practice. In the event of any such visit I agree to cooperate fully.

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I enclose a fee of £100/£1,000 (delete as appropriate)

Signed:

Dated: