

2002 No. 2704

CHIROPRACTORS

**The General Chiropractic Council (Registration of
Chiropractors with Foreign Qualifications) Rules Order of
Council 2002**

Made - - - - - *10th October 2002*

Coming into force - - *6th November 2002*

At the Council Chamber, Whitehall, the 10th day of October 2002

By the Lords of Her Majesty's Most Honourable Privy Council

Whereas in pursuance of sections 3(2) and (6), 6(2) to (4), 14(4) and 35(2) of the Chiropractors Act 1994 ("the Act")^(a), and of all other powers enabling it in that behalf, the General Chiropractic Council has made the General Chiropractic Council (Registration of Chiropractors with Foreign Qualifications) Rules 2002 as set out in the Schedule to this Order:

And whereas by sections 35(1) and 36 of the Act such Rules shall not have effect until approved by the Privy Council:

Now, therefore, Their Lordships, having taken the Rules into consideration, are pleased to, and do hereby, approve them.

This Order may be cited as the General Chiropractic Council (Registration of Chiropractors with Foreign Qualifications) Rules Order of Council 2002 and shall come into force on 6th November 2002.

A. K. Galloway
Clerk of the Privy Council

^(a) 1994 c. 17.

SCHEDULE

THE GENERAL CHIROPRACTIC COUNCIL (REGISTRATION OF CHIROPRACTORS WITH FOREIGN QUALIFICATIONS) RULES 2002

The General Chiropractic Council, in exercise of its powers under sections 3(2) and (6), 6(2) to (4), 14(4) and 35(2) of the Chiropractors Act 1994(a), and of all other powers enabling it in that behalf, hereby makes the following Rules:

PART I

General

Citation and commencement

1. These Rules may be cited as the General Chiropractic Council (Registration of Chiropractors with Foreign Qualifications) Rules 2002, and shall come into force on 6th November 2002.

Interpretation, etc

2. In these Rules—

“the 1999 Rules” means the General Chiropractic Council (Registration) Rules 1999(b);

“the Act” means the Chiropractors Act 1994;

“applicant” means an applicant for registration as a fully registered chiropractor;

“the Council” means the General Chiropractic Council;

“foreign qualification” means a qualification in chiropractic granted by an institution outside the United Kingdom;

“relevant recognised qualification” means a foreign qualification which has been recognised under section 14(3) of the Act;

“relevant unrecognised qualification” means a foreign qualification which has not been recognised under section 14(3) of the Act, but which was awarded to the applicant—

(a) following completion of a course of education or training in chiropractic normally requiring not less than 4,800 hours of study, tuition and clinical experience in chiropractic to be undertaken; or

(b) following completion of—

(i) a first degree in human science, and

(ii) a course of education or training in chiropractic normally requiring not less than 2,200 hours of study, tuition and clinical experience in chiropractic to be undertaken.

Particulars in the register

3. Where a person is registered as a fully registered chiropractor by virtue of Part II or III of these Rules, the register shall contain a note to that effect, in addition (so far as relevant) to the matters referred to in rule 3(1) of the 1999 Rules.

PART II

Cases where Community Law does not apply

Application of Part II

4. This Part applies where an applicant is a person who—

(a) has a relevant recognised qualification or a relevant unrecognised qualification,

(b) does not have a recognised qualification granted by an institution within the United Kingdom, and

(a) 1994 c. 17.

(b) Approved by (and printed in) S.I. 1999/1856.

(c) is not treated as having a recognised qualification by virtue of section 14(10)(a) of the Act;

and references in this Part to an application shall be construed accordingly.

Treatment of foreign qualifications

5.—(1) The Registrar shall, in considering an application by an applicant who has a relevant unrecognised qualification but not a relevant recognised qualification, treat the applicant as having a recognised qualification upon being satisfied that he has reached the required standard of proficiency and has a satisfactory command of the English language.

(2) The Registrar may, in considering an application by an applicant who has a relevant recognised qualification, before registering the applicant, require the applicant to satisfy him that he has a satisfactory command of the English language.

Required standard of proficiency

6.—(1) In determining whether an applicant has reached the required standard of proficiency for the purposes of rule 5(1), the Registrar shall require the applicant to take a test of competence under this rule.

(2) The test of competence shall comprise a written or oral test (or both) covering the following heads (or such part of them as the Registrar considers appropriate) for the purposes of determining whether the applicant meets the required standard of proficiency in relation to them—

- (a) knowledge and understanding of the ethical basis and holistic nature of the practice of chiropractic;
- (b) medical and scientific knowledge relevant to the practice of chiropractic;
- (c) clinical assessment, including physical examination before and during treatment, interview and case history;
- (d) diagnosis and clinical impression;
- (e) the selection of appropriate treatment;
- (f) the delivery of treatment and evaluation of the response to treatment;
- (g) the giving of advice concerning treatment, treatment dependence, minimisation of recurrence or the need for further treatment, and related matters;
- (h) the obtaining of consent to treatment;
- (i) communication with other chiropractors, general medical practitioners and other health professionals, including assessment of the need for second opinions or for referrals; and
- (j) record keeping.

(3) The test of competence may if the Registrar so requires include a test requiring a practical demonstration by the applicant.

(4) The test of competence shall be conducted by examiners appointed by the Council, who shall be fully registered chiropractors of not less than 5 years' experience who have successfully completed a course of training approved by the General Council in the methods of assessing a person undergoing a test of competence under this rule or under rule 6 of the General Chiropractic Council (Registration During Transitional Period) Rules 1999(a); and any person appointed for the purpose of rule 6(4) of those Rules shall be deemed to be appointed also for the purposes of this rule.

Satisfactory command of English language

7. In satisfying himself whether the applicant has a satisfactory command of the English language for the purposes of rule 5, the Registrar may require him to take a test, conducted orally or in writing (or both), in order to determine whether he has sufficient ability in spoken and written English to enable him to practice chiropractic in the United Kingdom safely and competently.

(a) Approved by (and printed in) S.I. 1999/1857.

Applications

8.—(1) The 1999 Rules (including the provisions relating to the payment of fees) shall apply to an application for registration to which this Part applies, subject to the modifications with respect to the form of application and the provision of documents and other evidence which are made in this rule.

(2) An application shall be in Form A set out in the Schedule.

(3) An application shall, instead of being accompanied by the particulars required by rule 4(2)(d) of the 1999 Rules, be accompanied by the particulars specified in that Form A.

(4) Where an application is made by an applicant who has a relevant unrecognised qualification but not a relevant recognised qualification, the application shall, instead of being accompanied by evidence of a recognised qualification under rule 4(2)(c) of the 1999 Rules, be accompanied by evidence acceptable to the Registrar that the applicant holds the relevant unrecognised qualification.

PART III

Cases where Community Law applies

Application and interpretation of Part III

9.—(1) This Part applies where an applicant is a person who—

(a) does not have a recognised qualification granted by an institution within the United Kingdom; but

(b) is treated as having a recognised qualification by virtue of section 14(10)(a) of the Act; and references in this Part to an application shall be construed accordingly.

(2) In this Part—

“Community law” has the meaning given in section 14(11) of the Act;

“competent authority” means, in relation to any—

(a) document, certificate, diploma or qualification, or

(b) period of professional experience,

referred to in this Part, the authority, body or person in a State authorised under the laws, regulations or administrative provisions of that State to issue, award or recognise such document, certificate, diploma or qualification, or to certify any such period;

“the Directive” means Directive 89/48/EEC(a);

“EEA State” means a Contracting Party to the Agreement on the European Economic Area signed at Oporto on 2nd May 1992(b) as adjusted by the Protocol signed at Brussels on 17th March 1993(c);

“Member State” means an EEA State or Switzerland; and

“relevant Member State” means the applicant’s Member State of origin, the Member State from which the applicant comes or the Member State in which the applicant formerly qualified or practised.

Applications

10.—(1) Except where rule 11(2) or 12(2) or (3) provides otherwise, rules 4 and 5 of the 1999 Rules shall not apply to an application.

(2) An application shall be made in Form B set out in the Schedule and signed by the applicant.

(3) It shall be accompanied by—

(a) the fee prescribed in paragraph 1 of Schedule 2 to the 1999 Rules;

(b) the certificates or other documents duly issued by a competent authority attesting to the applicant’s qualification and, where appropriate, the professional experience relied on by the applicant;

(a) O.J. No. L 19, 24.1.89, p.16.

(b) Cm 2073 and O.J. No. 11, 3.1.1994, p.3.

(c) Cm 2183 and O.J. No. 11, 3.1.1994, p.572.

- (c) the documents mentioned in rules 11 and 12; and
- (d) so far as relevant, all the other particulars specified in that Form B.

(4) In cases where the Directive applies, the certificates or other documents mentioned in paragraph (3)(b) shall be issued by a competent authority of a relevant Member State.

Evidence of good character

11.—(1) In a case to which the Directive applies, the applicant shall supply the Registrar with—

- (a) a document duly issued by the competent authority of a relevant Member State attesting to the applicant's good character and confirming that he has not been suspended or prohibited from pursuing the profession of chiropractic because of serious professional misconduct or the commission of a criminal offence; or
- (b) where that authority does not issue such documents, a declaration on oath or solemn declaration attesting to and confirming those matters required to be attested to or confirmed under sub-paragraph (a)—
 - (i) made by the applicant before a competent judicial or administrative authority or (where appropriate) a notary or duly qualified professional body of a relevant Member State, and
 - (ii) authenticated by a certificate issued by the authority, notary or body.

(2) Rule 4(2)(a) and rule 5(1) and (3) of the 1999 Rules shall apply in so far as relevant in a case to which the Directive does not apply.

Evidence as to health

12.—(1) Subject to paragraph (2), where the Directive applies, the applicant shall provide the document attesting to his physical or mental health required by the authorities which regulate the profession of chiropractic in a relevant Member State.

(2) Where no such document is required or the Directive does not apply, the applicant shall provide the report required by rule 4(2)(b) of the 1999 Rules.

(3) Rule 5(2) and (3) of the 1999 Rules shall apply so far as relevant in a case to which the Directive does not apply.

Additional conditions

13. Rules 10 to 12 have effect without prejudice to the requirement for the applicant to provide acceptable evidence to the Registrar that he has met any additional conditions specified by the Council under section 14(10)(b) of the Act.

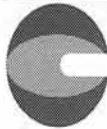
Given under the common seal of the General Chiropractic Council this 25th day of September 2002.



Michael Copland Griffiths
Chairman

Matthew Flanagan
Member

SCHEDULE
FORM A

<p>General Chiropractic Council</p>  <p style="text-align: center; font-size: small;">Protecting Patients Setting Standards Promoting the Profession</p>	<h2 style="margin: 0;">FORM OF APPLICATION FOR REGISTRATION</h2> <h3 style="margin: 0;">FOREIGN QUALIFICATIONS</h3>
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This form must be completed in CAPITAL LETTERS and in BLACK INK.

Please carefully read the information provided as you complete the form in order to avoid mistakes which may lead to a delay in your application. Failure to provide the information required may result in your application being deemed invalid.

SECTION 1: DETAILS OF APPLICANT	
<p>(A) TITLE (Mr, Mrs, Miss, Ms): Please indicate clearly which title you wish to be addressed by and are entitled to use. Applicants wishing to use the courtesy title 'Dr' should refer to Section 7.4 of the GCC's statutory Code of Practice.</p>	<p>(B) MALE / FEMALE Please indicate whether you are male or female.</p>
<p>The General Chiropractic Council registers chiropractors under their legal given names as they appear on their birth certificate, except where these have been changed by legal act or instrument (e.g. marriage or by official change of name). If you wish to be registered under any names other than those that appear on your birth certificate you must provide original supporting documents (e.g. marriage certificate or change of name deed).</p>	
<p>(C) PROFESSIONAL NAME: Please enter the surname under which you practise or intend to practise if it is different from the name you have given in (D). For example, if you intend to practise under your maiden name rather than your married name.</p>	<p>(D) SURNAME (if different): Please enter your surname if it is different from the name under which you practise or intend to practise.</p>
<p>(E) FIRST NAME: Please enter your first name as is appears on your birth certificate.</p>	<p>(F) OTHER NAMES (in full): Please enter any other names as they appear on your birth certificate.</p>
<p>(G) DATE OF BIRTH: Please enter using two digits for the day and month and four digits for the year, e.g. 03/09/1967.</p>	<p>(H) NATIONALITY: Please enter your nationality at birth and your current nationality (if different). If you are not a UK national please provide a photocopy of the details page of your passport. If you have multiple nationality please provide copies of the relevant pages of all passports. If your nationality has changed since birth please provide supporting documents (e.g. naturalisation papers).</p>

Section 1 is continued overleaf...

SECTION 1: DETAILS OF APPLICANT (Continued)**(I) ADDRESS OF SOLE OR PRINCIPAL PRACTICE:**

Please give the address of your sole or principal practice. If not in practice leave blank.

(J) PRACTICE POSTAL/ZIP CODE:**(K) COUNTRY OF PRACTICE:**

Please indicate in which country you are currently in practice.

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(L) MAIN TELEPHONE NUMBER:

Please give your main practice telephone number. Please include the international dialling code where appropriate.

(M) FAX NUMBER:

Please give your main practice fax number. Please include the international dialling code where appropriate.

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(O) RESIDENTIAL ADDRESS:

Please give your current residential address.

(P) RESIDENTIAL POSTAL/ZIP CODE:**(Q) COUNTRY OF RESIDENCE:**

Please indicate in which country you currently reside.

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(R) RESIDENTIAL TELEPHONE NUMBER:

Please give your residential telephone number. Please include the international dialling code where appropriate.

(S) MOBILE TELEPHONE NUMBER:

Please give your mobile telephone number (UK only)

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(T) E-MAIL ADDRESS:

Please write your e-mail address clearly in the case in which it should be typed

(U) WEBSITE ADDRESS:

Please give your website address

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SECTION 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 (Northern Ireland) 1979 [S.R. 1979 No. 195]

You are obliged to disclose by virtue of the above Exceptions 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.

Non-UK nationals and those with dual citizenship are required to provide where available a Criminal Record Certificate or Police Record Check Certificate (or the equivalent) from the appropriate authority within the non-UK jurisdiction. Those applicants who have resided and/or worked in more than one jurisdiction are required to provide certificates from each jurisdiction in which they have resided and/or worked. The GCC is aware that such certificates can be provided from the following jurisdictions (but this is not an exhaustive list):

- United States of America
- Canada
- Australia
- New Zealand

Failure to provide such certificates where available or to satisfy the Registrar that you are unable to provide a certificate may automatically invalidate your application. Failure to disclose a conviction may lead to disciplinary action or criminal proceedings.

(A) HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN ANY COUNTRY?	
(B) IF 'YES' PLEASE GIVE THE FOLLOWING DETAILS:	
(i) Your name when the offence was committed:	
(ii) Nature of the offence:	
(iii) Country where offence was committed:	(iv) Date of conviction:
(v) Name of Court where convicted:	
(vi) 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.	
(C) LIST THE COUNTRIES FROM WHICH YOU ARE PROVIDING CRIMINAL RECORD CERTIFICATES / POLICE RECORD CHECK CERTIFICATES:	

SECTION 3: HEALTH

(A) HAVE YOU EVER HAD A MEDICAL PROBLEM, EITHER PHYSICAL OR MENTAL, WHICH HAS PREVENTED YOU FROM PRACTISING CHIROPRACTIC? (Please answer Yes or No)

(B) IF 'YES' PLEASE GIVE FULL DETAILS:

You are required to provide a report as to your physical and mental health. This should be provided by your registered medical practitioner (i.e. the equivalent of a general practitioner in the United Kingdom - not a chiropractor) who must not be related to you by birth or marriage and who must have known you for at least four years; or by a registered medical practitioner who, in giving the report, relies on medical records provided by medical practitioners of whom you were a patient for a period in aggregate of at least four years. The report must be no more than 30 days old at the time you submit your application and the Registrar may require you to submit a further report immediately prior to registration. You are responsible for any costs associated with the provision of such a report.

The Registrar may require you to be examined by a medical practitioner nominated by her.

Section 4: PROFESSIONAL EDUCATION & QUALIFICATIONS

The Chiropractors Act 1994 gives the General Chiropractic Council responsibility for recognising qualifications for the purposes of registration in the United Kingdom. No account can be taken of 'recognition' by any other body.

Rule 2 of the General Chiropractic Council (Registration of Chiropractors with Foreign Qualifications) Rules 2002 defines a 'relevant recognised qualification' as a foreign qualification which has been recognised under Section 14(3) Chiropractors Act 1994.

Rule 2 of the General Chiropractic Council (Registration of Chiropractors with Foreign Qualifications) Rules 2002 defines a 'relevant unrecognised qualification' as a foreign qualification which has not been recognised under Section 14(3) Chiropractors Act 1994, but which was awarded to the applicant:

- (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

If applying for registration on the basis of possessing a relevant unrecognised qualification you must supply an original certified letter from the awarding body that indicates:

- (1) The full title of the award
- (2) The date on which it was awarded
- (3) How the award meets the requirements outlined above.

Applications submitted without the original certified letter will be deemed invalid.

Section 4: PROFESSIONAL EDUCATION & QUALIFICATIONS (Cont...)

(A) HAVE YOU EVER ATTENDED A CHIROPRACTIC EDUCATIONAL INSTITUTION?
(Please answer YES or NO)

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(B) IF SO, PLEASE GIVE THE NAMES OF EACH INSTITUTION YOU HAVE ATTENDED AND THE DATES OF YOUR ATTENDANCE.

(C) ON WHAT DATE AND AT WHICH INSTITUTION DID YOU FIRST QUALIFY AS A CHIROPRACTOR?

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(D) WHAT CHIROPRACTIC QUALIFICATIONS DO YOU HAVE?

(E) ARE YOU APPLYING FOR REGISTRATION ON THE BASIS THAT YOU HOLD A QUALIFICATION RECOGNISED BY THE G.C.C.? (Please answer YES or NO):

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(F) IF 'YES' PLEASE STATE WHICH QUALIFICATION LISTED IN SECTION (D) ABOVE IS THE RECOGNISED QUALIFICATION:

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(G) ARE YOU APPLYING FOR REGISTRATION OF THE BASIS THAT YOU HOLD A RELEVANT UNRECOGNISED QUALIFICATION? (Please answer YES or NO):

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(H) IF 'YES' PLEASE STATE WHICH QUALIFICATION LISTED IN SECTION (D) ABOVE IS THE RELEVANT UNRECOGNISED QUALIFICATION:

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(I) WHAT OTHER RELEVANT PROFESSIONAL OR ACADEMIC QUALIFICATIONS DO YOU HAVE?

SECTION 5: PROFESSIONAL NEGLIGENCE

<p>(A) HAS ANY ALLEGATION OF PROFESSIONAL NEGLIGENCE IN RELATION TO YOUR PRACTICE OF CHIROPRACTIC BEEN MADE AGAINST YOU IN ANY COUNTRY ? <i>(Please answer YES or NO)</i></p>	
<p>(B) HAS ANY ALLEGATION OF NEGLIGENCE IN RELATION TO YOUR PRACTICE OF CHIROPRACTIC EVER BEEN FOUND TO HAVE BEEN PROVED IN A CIVIL COURT IN ANY COUNTRY? <i>(Please answer YES or NO)</i></p>	
<p>(B) IF 'YES' PLEASE GIVE DETAILS OF ANY JUDGEMENT WHICH WAS GIVEN AGAINST YOU, INCLUDING THE DETAILS OF THE COURT IN WHICH THE JUDGEMENT WAS GIVEN:</p>	

SECTION 6: PROFESSIONAL INDEMNITY INSURANCE

The General Chiropractic Council (Professional Indemnity Insurance) Rules 1999 require all chiropractors to have professional indemnity insurance of £3,000,000 or more. You are required to provide evidence that you have such cover before you are registered by providing a copy of your Certificate of Professional Indemnity Insurance.

<p>(A) ARE YOU CURRENTLY PROTECTED BY A POLICY OF PROFESSIONAL INDEMNITY INSURANCE? <i>(Please answer YES or NO)</i></p>	
<p>(B) HAVE YOU EVER BEEN REQUIRED TO PAY AN INCREASED PREMIUM FOR SUCH INSURANCE? <i>(Please answer YES or NO)</i></p>	
<p>(C) HAVE YOU EVER BEEN QUOTED SUCH INSURANCE ON LOADED TERMS? <i>(Please answer YES or NO)</i></p>	
<p>(D) HAVE YOU EVER BEEN REFUSED SUCH INSURANCE? <i>Please answer YES or NO)</i></p>	
<p>(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.</p>	

SECTION 7: MEMBERSHIP OF PROFESSIONAL BODIES

(A) ARE YOU A MEMBER OF ANY NATIONAL OR INTERNATIONAL CHIROPRACTIC BODY?
(Please answer YES or NO)

(B) IF 'YES', PLEASE GIVE THE NAME OF ANY SUCH BODY AND THE PERIOD FOR WHICH YOU HAVE BEEN A MEMBER:

(C) HAVE YOU BECOME A MEMBER OF ANY *OTHER* PROFESSIONAL BODY?
(Please answer YES or NO)

(D) IF 'YES', PLEASE GIVE THE NAME OF ANY SUCH BODY, AND THE PERIOD FOR WHICH YOU HAVE BEEN A MEMBER:

SECTION 8: PROFESSIONAL REGISTRATION AND DISCIPLINARY PROCEEDINGS

A 'professional regulatory body' means a body, incorporated or not, which keeps a register of persons who have satisfied the body (whether by the passing of an examination or otherwise) that they are competent to practise chiropractic. Such a body may be a voluntary professional association or a statutory body.

(A) HAVE YOU EVER BEEN *REFUSED* REGISTRATION AS A CHIROPRACTOR BY ANY PROFESSIONAL REGULATORY BODY IN ANY COUNTRY? (Please answer YES or NO)

(B) IF 'YES', PLEASE GIVE DETAILS OF THE PROFESSIONAL REGULATORY BODY AND THE REASONS GIVEN FOR THE REFUSAL TO REGISTER:

(C) HAVE YOU EVER BEEN *STRUCK OFF* ANY REGISTER BY A PROFESSIONAL REGULATORY BODY? (Please answer YES or NO)

(D) 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:

Section 8 is continued overleaf...

SECTION 8: PROFESSIONAL REGISTRATION AND DISCIPLINARY PROCEEDINGS (Continued)

(E) HAVE YOU EVER BEEN *SUSPENDED* FROM PRACTICE AS A CHIROPRACTOR BY A PROFESSIONAL REGULATORY BODY? (Please answer YES or NO)

(F) IF 'YES', PLEASE GIVE DETAILS OF THE REASON WHY YOU WERE SUSPENDED, AND THE DATES DURING WHICH THE SUSPENSION WAS EFFECTIVE:

(G) HAVE THERE BEEN ANY *OTHER* DISCIPLINARY FINDINGS MADE AGAINST YOU BY ANY PROFESSIONAL REGULATORY BODY? (Please answer YES or NO)

(H) IF 'YES', PLEASE GIVE FULL DETAILS:

(I) ARE THERE ANY UNRESOLVED COMPLAINTS AGAINST YOU WHICH HAVE BEEN MADE TO A PROFESSIONAL REGULATORY BODY? (Please answer YES or NO)

(J) IF SO, PLEASE GIVE THE FOLLOWING DETAILS IN RESPECT OF EACH COMPLAINT:

(i) The professional regulatory body to which the complaint has been made:

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(ii) The date of the complaint:

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(iii) The nature of the complaint:

Please continue on a separate sheet, if necessary, in respect of each complaint which has been made against you. Please note that the Registrar verifies all information relating to proceedings and findings in other jurisdictions.

All applicants registered, whether currently or in the past, with a chiropractic or other professional regulatory body in an overseas jurisdiction must provide a Certificate of Registration/Certificate of Good Standing from each regulatory body with which (s)he is or has been registered. Such certificates must be no more than 30 days old at the time of application.

SECTION 9: EVIDENCE OF IDENTITY

You must supply your Birth Certificate (or if you were born in another jurisdiction that does not issue birth certificates or extracts from a population register, equivalent evidence of identity), a photocopy of the details page of your passport(s) if you are not a UK citizen and, if you practice in a different name from that on your birth certificate, other evidence such as your marriage certificate and/or change of name deed. If any of these documents are in a language other than English they must be accompanied by an original certified translation from a professional translator recognised for the purposes of legal proceedings within your national jurisdiction or a consular officer. Indicate below the documents enclosed:

Birth Certificate (or equivalent extract from a population register) <i>From Section 1</i>	
Passport(s) Details Page(s) <i>From Section 1</i>	
Naturalisation Papers <i>From Section 1</i>	
Change of Name Deed <i>From Section 1</i>	
Marriage Certificate / Final Divorce Papers <i>From Section 1</i>	
Other: _____ (Give details)	

SECTION 10: OTHER DOCUMENTS ENCLOSED**Character Reference**

Rule 4(2)(a) General Chiropractic Council (Registration) Rules 1999 requires that you provide a character reference. The referee should be unrelated to you by birth or marriage and should not be your patient or employee. The referee should be a professional person of good standing in the community who has known you for at least four years and who is acceptable to the Registrar (including a bank manager, solicitor, Justice of the Peace, Minister of the Church, Imam, Rabbi or similar religious official who appears to the Registrar to be appropriate). The Registrar will accept a character reference from another chiropractor provided that he or she meets the other conditions outlined above. The reference must be no more than 30 days old at the time of application.

List any other documents (other than those listed in Section 9 of this form) enclosed with the application.

Character Reference	
Criminal Record Certificates / Police Record Check Certificates <i>From Section 2</i>	
Medical Report as to Physical and Mental Health <i>From Section 3</i>	
Letter from Body Awarding Relevant Unrecognised Qualification <i>From Section 4</i>	
Copy of Court Judgement(s) Relating to Negligence <i>From Section 5</i>	
Copy of Settlement(s) Relating to Negligence <i>From Section 5</i>	
Certificate of Professional Indemnity Insurance <i>From Section 6</i>	
Certificates of Registration / Certificates of Good Standing <i>From Section 8</i>	
Other: _____ (Give details)	

SECTION 11: 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 £1,250.

Signed:	
Dated:	

FORM B

<p>General Chiropractic Council</p>  <p style="text-align: center; font-size: small;">Protecting Patients Setting Standards Promoting the Profession</p>	<h1 style="margin: 0;">FORM OF APPLICATION FOR REGISTRATION</h1> <p style="margin: 0;">Foreign Qualifications: E.E.A. Member State Citizens & Spouses (APPLICATION UNDER E.U. GENERAL DIRECTIVE 89/48/EEC OR ANY OTHER ENFORCEABLE COMMUNITY RIGHT)</p>
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Information provided will initially be used to assess your application in accordance with the provisions of the General Directive 89/48/EEC. If you are not eligible under that Directive the information will be used to assess your right to registration under other enforceable Community rights.

This form must be completed in CAPITAL LETTERS and in BLACK INK. Please carefully read the information provided as you complete the form in order to avoid mistakes which may lead to a delay in your application. Failure to provide the information required may result in your application being deemed invalid.

SECTION 1: DETAILS OF APPLICANT	
<p>(A) TITLE (Mr, Mrs, Miss, Ms): Please indicate clearly which title you wish to be addressed by and are entitled to use. Applicants wishing to use the courtesy title 'Dr' should refer to Section 7.4 of the GCC's statutory Code of Practice.</p>	<p>(B) MALE / FEMALE Please indicate whether you are male or female.</p>
<p>The General Chiropractic Council registers chiropractors under their legal given names as they appear on their birth certificate, except where these have been changed by legal act or instrument (e.g. marriage or by official change of name). If you wish to be registered under any names other than those that appear on your birth certificate you must provide original supporting documents (e.g. marriage certificate or change of name deed).</p>	
<p>(C) PROFESSIONAL NAME: Please enter the surname under which you practise or intend to practise if it is different from the name you have given in (D). For example, if you intend to practise under your maiden name rather than your married name.</p>	<p>(D) SURNAME (if different): Please enter your surname if it is different from the name under which you practise or intend to practise.</p>
<p>(E) FIRST NAME: Please enter your first name as is appears on your birth certificate.</p>	<p>(F) OTHER NAMES (in full): Please enter any other names as they appear on your birth certificate.</p>
<p>(G) DATE OF BIRTH: Please enter using two digits for the day and month and four digits for the year, e.g. 03/09/1967.</p>	<p>(H) NATIONALITY: Please enter your nationality at birth and your current nationality (if different). If you are not a UK national please provide a photocopy of the details page of your passport. If you have multiple nationality please provide copies of the relevant pages of all passports. If your nationality has changed since birth please provide supporting documents (e.g. naturalisation papers).</p>

Section 1 is continued overleaf...

SECTION 1: DETAILS OF APPLICANT (Continued)**(I) ADDRESS OF SOLE OR PRINCIPAL PRACTICE:**

Please give the address of your sole or principal practice. If not in practice leave blank.

(J) PRACTICE POSTAL/ZIP CODE:**(K) COUNTRY OF PRACTICE:**

Please indicate in which country you are currently in practice.

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(L) MAIN TELEPHONE NUMBER:

Please give your main practice telephone number. Please include the international dialling code where appropriate.

(M) FAX NUMBER:

Please give your main practice fax number. Please include the international dialling code where appropriate.

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(N) RESIDENTIAL ADDRESS:

Please give your current residential address.

(O) RESIDENTIAL POSTAL/ZIP CODE:**(P) COUNTRY OF RESIDENCE:**

Please indicate in which country you currently reside.

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(Q) RESIDENTIAL TELEPHONE NUMBER:

Please give your residential telephone number. Please include the international dialling code where appropriate.

(R) MOBILE TELEPHONE NUMBER:

Please give your mobile telephone number (UK only)

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(S) E-MAIL ADDRESS:

Please write your e-mail address clearly in the case in which it should be typed

(T) WEBSITE ADDRESS:

Please give your website address

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SECTION 2: CHARACTER

We would suggest that you seek the advice of the competent authority in your member State, or an appropriate legal advisor, before completing this section.*

In considering your application for registration the Registrar must be satisfied that you are of good character. In doing so the Registrar will take into account whether you have ever been prevented from practising chiropractic (e.g. refused registration, suspended or removed from a register) on the basis of:

- (a) Serious professional misconduct
- (b) Conviction for a criminal offence

In order to satisfy the Registrar you must do **one** of three things:

1. Provide the Registrar with a document duly issued by the competent authority of a relevant Member State attesting to your good character and confirming that you have not been suspended or prohibited from pursuing the profession of chiropractic because of serious professional misconduct or the commission of a criminal offence; **OR**
2. Where that authority does not issue such documents, a declaration on oath or solemn declaration attesting to and confirming those matters to be attested to or confirmed under 1 above-
 - a. Made by you before a competent judicial or administrative authority or (where appropriate) a notary or duly qualified professional body of a relevant Member State, and
 - b. Authenticated by a certificate issued by the authority, notary or body;**OR**
3. If you are not able to meet requirements listed in 1 and 2 above then you should complete the questions below

* "Competent authority" means the body authorised by the State concerned to issue the document, certificate, qualification, etc. in question. "A relevant member State" means your member State of origin (where you were born), the member State in which you are currently practising or the member State in which you formerly qualified or practised.

YOU MAY ONLY COMPLETE THE FOLLOWING SECTIONS IF YOU ARE UNABLE TO PROVIDE THE DOCUMENTS LISTED IN 1 AND 2 ABOVE.

Part 1: CRIMINAL CONVICTIONS

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]. You are obliged to disclose by virtue of the above Exceptions Orders ALL criminal convictions whether "spent" or not under the 1974 Act and its subsequent revisions, irrespective of the country in which you were convicted. Parking and minor traffic offences only punishable by fine may be excluded. Failure to disclose a conviction may lead to disciplinary action or criminal proceedings.

(A) HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN ANY COUNTRY? <i>(Please answer YES or NO)</i>	
---	--

(B) IF 'YES' PLEASE GIVE THE FOLLOWING DETAILS:

(i) Your name when the offence was committed:	
--	--

(ii) Nature of the offence:	
------------------------------------	--

(iii) Country where offence committed:	
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(iv) Date of Conviction:	
---------------------------------	--

(v) Name of Court where convicted:	
---	--

(vi) Sentence (e.g. term of imprisonment, fine, etc):	
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Continue on a separate sheet, if necessary, in respect of every criminal offence for which you have been convicted

SECTION 2: CHARACTER (Continued)

Part 2: CHARACTER REFERENCE

You are required to provide the Registrar with a character reference. The referee should be unrelated to you by birth or marriage and should not be your patient or employee. The referee should be a professional person of good standing in the community who has known you for at least four years and who is acceptable to the Registrar (including a bank manager, solicitor, Justice of the Peace, Minister of the Church, Imam, Rabbi or similar religious official who appears to the Registrar to be appropriate). The Registrar will accept a character reference from another chiropractor provided that he or she meets the other conditions outlined above. The reference must be no more than 30 days old at the time of application.

Part 3: PROFESSIONAL CONDUCT

A 'professional regulatory body' means a body, incorporated or not, which keeps a register of persons who have satisfied the body (whether by the passing of an examination or otherwise) that they are competent to practise chiropractic. Such a body may be a voluntary professional association or a statutory body.

(i) Have you ever been *refused* registration as a chiropractor by a professional regulatory body in any country? (Please answer YES or NO)

(ii) If 'YES', please give details of the professional regulatory body and the reasons given for the refusal to register:

(iii) Have you ever been *struck off* any register by a professional regulatory body? (Please answer YES or NO)

(iv) 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:

(v) Have you ever been *suspended* from practice as a chiropractor by a professional regulatory body? (Please answer YES or NO)

(vi) If 'YES', please give details of the reason why you were suspended, and the dates during which the suspension was effective:

(vii) Have there been any <i>other</i> disciplinary findings made against you by any professional regulatory body? (Please answer YES or NO)	
(viii) If 'YES', please give full details:	
(ix) Are there any unresolved complaints against you which have been made to a professional regulatory body? (Please answer YES or NO)	
(x) If 'YES', please give the following details in respect of each complaint:	
(xi) The professional regulatory body to which the complaint has been made:	
(ii) The date of the complaint:	
(iii) The nature of the complaint:	
Please continue on a separate sheet, if necessary, in respect of each complaint which has been made against you. Please note that the Registrar verifies all information relating to proceedings and findings in other jurisdictions.	

SECTION 3: HEALTH

Registration with the General Chiropractic Council requires you to satisfy the Registrar that you are in good physical and mental health. You may do this in ONE of two ways:

1. Where you have been required to satisfy the competent authority in your member State of origin (where you were born), the member State in which you are currently practising or the member State in which you formerly qualified or practised that you are in good physical and mental health, you must provide the equivalent documents provided to that competent authority.

OR

2. Where before being authorised to practise or continue practising chiropractic in your member State of origin (where you were born), the member State in which you are currently practising or the members State in which you formerly qualified or practised, you have not been required to produce evidence that you are in good physical and mental health, you are required to provide a report as to your physical and mental health. This should be provided by your registered medical practitioner (i.e. the equivalent of a general practitioner in the United Kingdom - not a chiropractor) who must not be related to you by birth or marriage and who must have known you for at least four years; or by a registered medical practitioner who, in giving the report, relies on medical records provided by medical practitioners of whom you were a patient for a period in aggregate of at least four years. The report must be no more than 3 months old at the time you submit your application.

You are responsible for any costs associated with the provision of such a report. The Registrar may require you to be examined by a registered medical practitioner nominated by her.

Section 4: PROFESSIONAL EDUCATION & QUALIFICATIONS

The Chiropractors Act 1994 gives the General Chiropractic Council responsibility for recognising qualifications for the purposes of registration in the United Kingdom. Sections 14(10) and (11) of the Chiropractors Act 1994 states:

- (10) *Where, by virtue of Community Law a person ("the chiropractor") is to be authorised to practise the profession of chiropractic on the same conditions as a person who holds a recognised qualification -*
- a) *the chiropractor shall be treated for the purposes of this Act as having a recognised qualification; but*
 - b) *the General Council may, subject to Community Law, require him to satisfy additional conditions before being registered*
- (11) *In subsection (10) "Community Law" means any enforceable Community right or any enactment giving effect to a Community obligation.*

The main instrument of Community Law applying to chiropractors is the EU General System Directive 89/48/EEC (as amended). You may apply for registration under the Directive if you are a national of an European Economic Area (EEA) State or Switzerland and you satisfy the conditions in (a) below. If the Directive does not apply to you, you may nonetheless be entitled to rely on the Treaty if you are an EEA national or, if you are the spouse of an EEA national, on Regulation 1612/68/EEC**.

You may apply under the Directive if:

1. You hold a diploma in chiropractic required in another EEA State for the practice of chiropractic which is regulated by that State, the diploma having been awarded in another EEA State;

OR

2. In the ten years before your application, you have pursued the practice of chiropractic for at least two years full-time in another EEA State which does not regulate the practice of chiropractic, and you can produce:
 - (a) Formal qualifications awarded by a competent authority in an EEA State which -
 - [1] Show that you have successfully completed a post-secondary course of at least three years' duration (or equivalent duration part-time) in a university or an establishment of higher education or an establishment of similar level in a member State;
 - [2] Show you have completed any additional professional training required; and
 - [3] Have prepared you for the practice of the profession of chiropractic in that State

Or

- (b) Formal qualifications awarded by a competent authority in an EEA State upon the successful completion of education and training within the EEA, and recognised by that State as equivalent to the qualifications specified in (a) above (provided that notification of such recognition has been duly given to other Member States in accordance with the Directive).

You do not need to show two years' professional experience if your qualification was awarded on completion of regulated education and training, i.e. education and training which is directly geared to the practice of chiropractic and which, in general terms, complies with (a) above and where the level and structure of any professional training is determined by the law or administrative provisions of the State where the training takes place or it is monitored by a designated authority. If you think this applies to you please say so on the form.

In this Section of the Form, references to "EEA" include Switzerland.

"Diploma" means any diploma, certificate or other evidence of formal qualifications awarded by a competent authority in an EEA State which -

1. *Shows that the holder has met the conditions outlined in parts (a)[1]-(a)[3] of Section 2 above provided that either:*
 - (a) *The education and training attested to were received mainly within the EEA; or*
 - (b) *The holder has had at least three years' professional experience certified by a competent authority in an EEA State which has recognised a diploma, certificate or other evidence of formal qualifications obtained outside the EEA;*
- OR**
2. *Was awarded on the successful completion of education and training received within an EEA State and which -*
 - (a) *Has been recognised by a competent authority in that State as equivalent in level to a qualification to which section 1 above applies; and*
 - (b) *Confers the same rights in respect of practice of the regulated profession of chiropractic in that State*

SECTION 5: PROFESSIONAL INDEMNITY INSURANCE

The General Chiropractic Council (Professional Indemnity Insurance) Rules 1999 require all chiropractors to have professional indemnity insurance of £3,000,000 or more. You are required to provide evidence that you have such cover before you are registered by providing a copy of your Certificate of Professional Indemnity Insurance.

(A) ARE YOU CURRENTLY PROTECTED BY A POLICY OF PROFESSIONAL INDEMNITY INSURANCE? (Please answer YES or NO)

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SECTION 6: MEMBERSHIP OF PROFESSIONAL BODIES

(A) ARE YOU A MEMBER OF ANY NATIONAL OR INTERNATIONAL CHIROPRACTIC BODY? (Please answer YES or NO)

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(B) IF 'YES', PLEASE GIVE THE NAME OF ANY SUCH BODY AND THE PERIOD FOR WHICH YOU HAVE BEEN A MEMBER:

(C) HAVE YOU BECOME A MEMBER OF ANY OTHER PROFESSIONAL BODY? (Please answer YES or NO)

--

(D) IF 'YES', PLEASE GIVE THE NAME OF ANY SUCH BODY, AND THE PERIOD FOR WHICH YOU HAVE BEEN A MEMBER:

SECTION 7: EVIDENCE OF IDENTITY

You must supply your Birth Certificate (or if you were born in another jurisdiction that does not issue birth certificates or extracts from a population register, equivalent evidence of identity), a photocopy of the details page of your passport(s) if you are not a UK citizen and, if you practice in a different name from that on your birth certificate, other evidence such as your marriage certificate and/or change of name deed. If any of these documents are in a language other than English they must be accompanied by an original certified translation from a professional translator recognised for the purposes of legal proceedings within your national jurisdiction or a consular officer. Indicate below the documents enclosed:

Birth Certificate (or equivalent extract from a population register) <i>From Section 1</i>	
Passport(s) Details Page(s) <i>From Section 1</i>	
Naturalisation Papers <i>From Section 1</i>	
Change of Name Deed <i>From Section 1</i>	
Marriage Certificate / Final Divorce Papers <i>From Section 1</i>	
Other: _____ (Give details)	

SECTION 8: OTHER DOCUMENTS ENCLOSED

List any other documents (other than those listed in Section 7 of this form) enclosed with the application.

Certificate of Good Character/Repute/Standing from Competent Authority (if appropriate)

Declaration under Oath as to Good Character/Repute/Standing (if appropriate)

Equivalent Document as to Physical and Mental Health from Competent Authority (if appropriate)

Report as to Physical and Mental Health from Registered Medical Practitioner (if appropriate)

Certificate of Professional Indemnity Insurance *From Section 5*

Other: _____ *(Give details)*

SECTION 9: 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 £1,250 / £100 *(delete as appropriate)*.

Signed:

Dated:

EXPLANATORY NOTE

(This note is not part of the Order)

This Order, which is made under the Chiropractors Act 1994, approves Rules made by the General Chiropractic Council in respect of registration on the basis of qualifications awarded outside the United Kingdom. Part II of the Rules relate to qualifications to which European Community law does not apply but which have been recognised under section 14(3) of the Act, or, which have not been so recognised, but the holder of which satisfies the Registrar, under section 3(6), that he has reached the required standard of proficiency. Part III of the Rules relates to registration of applicants relying on Community law, principally those who have a qualification awarded in another EEA State or Switzerland to whom Directive 89/48/EEC applies. As indicated in these Rules, The General Chiropractic Council (Registration) Rules 1999 (S.I. 1999/1856) also apply to applications for registration on the basis of qualifications awarded outside the United Kingdom.

STATUTORY INSTRUMENTS

2002 No. 2704**CHIROPRACTORS**

**The General Chiropractic Council (Registration of
Chiropractors with Foreign Qualifications) Rules Order of
Council 2002**

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