

**Medical Practitioners (Registration) (Jersey) Law 1960**  
**Application for registration as a medical practitioner**

**To be completed by all applicants who intend to practise as a medical practitioner in Jersey.**

**1. Personal Details**

**1.1. Full name with which you are registered with the GMC**

Forename/s	Surname

**1.2. Gender:** Male  Female

**1.3. Date of birth:**

**1.4. Address at which you are registered with the GMC:**

Postcode \_\_\_\_\_

**1.5. Contact:** Tel No \_\_\_\_\_

Home/Work/Mobile  
(delete as necessary)

Email address \_\_\_\_\_

**2. Professional Qualifications**

Please list your professional qualification/s including any post-graduate qualifications (please continue on a separate sheet if required)

Qualification	Awarding Institution (name and location)	Year of qualification

### 3. Professional Registration

3.1. Date of first registration with the GMC:

3.2. GMC Registration Number:

3.3. Date of next GMC Revalidation:

3.4. Date GMC retention fee due:

3.5. Please provide details of any conditions imposed by the General Medical Council upon you, or any undertakings given by you, in connection with your registration under the UK Medical Act 1983 or your licence to practise:

(please continue on a separate sheet if required)

### 4. Medical Services Provision

4.1. Do you intend to work as a doctor in Jersey: **A.** Permanently  or **B.** for a fixed period of time

4.2. If **B**, please state the approximate dates that you intend to provide a medical service in Jersey:

Start	End

4.3. If you also practise in another jurisdiction which requires you to hold a GMC licence to practice, please provide the full name and contact address of your responsible officer or suitable person:

4.4. Do you intend to provide medical services in Jersey on a **self employed** basis? Yes  No

If **yes**, please provide the address details for the premise/s from where you will provide self employed medical services (please continue on a separate sheet if necessary):

1.

2.

**4.5.** Please provide the name, address and email address for each employer and/or each company, partnership or other entity for whom you intend to provide a medical service in Jersey as an employee, director, partner or other officer (please continue on a separate sheet if necessary):

Name	Full Address	Email Address

**4.6.** Please advise whether you consent to the details of the businesses where you provide medical services in Jersey being included in the publicly available list of medical practitioners.

Yes  No

**5. Disclosure**

**5.1.** Have you at any time, in Jersey, the UK or anywhere else in the world, been subject to any investigation which had an adverse outcome as follows:

1. an investigation regarding any matter relating to fraud. Yes  No

2. an investigation by any licensing, regulatory or other body into your professional conduct. Yes  No

3. an investigation by any current or former employer into your professional conduct or performance. Yes  No

Have you ever been convicted of an offence in Jersey, or elsewhere Yes  No

If you have answered **Yes** to any of the aforementioned questions, please provide details, including approximate dates, of where any investigation or proceedings were brought, the nature of the investigation or proceedings, and the outcome, or details of the conviction below:

(please use additional paper if required, ensuring all pages are numbered and signed)

**5.2.** To the best of your knowledge, are you currently, in Jersey, the UK or anywhere else in the world:

1. subject to an investigation into, or proceedings regarding your professional conduct by any licensing, regulatory or other body, including any investigation into, or proceedings regarding any matter relating to fraud? Yes  No

2. subject to an investigation into, or disciplinary proceedings regarding your professional conduct by an employer? Yes  No

3. subject to an investigation or proceedings which might lead to you being convicted of an offence in Jersey, or elsewhere Yes  No

If you have answered **Yes** to any of the aforementioned questions, please provide details, including approximate dates, of where any investigation or proceedings are to be brought and the nature of the investigation or proceedings, below:

(please use additional paper if required, ensuring all pages are numbered and signed)

**6. Declaration**

To the best of my knowledge, information and belief, the information provided in this application is true and complete. I understand that any false statements may provide grounds for the refusal of my application to be registered, or if discovered post registration, the cancellation of my registration.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note, on receipt of your application, we will invoice you for the registration fee of £150.**

**Application checklist:**

Have you:

- Completed all relevant sections
- Signed and dated the declaration

Enclosed:

- your GMC certificate of proof of entry on the register (can be downloaded by you)
- a copy of your photographic ID
- a cheque in the sum of £150 Made payable to *Treasurer of the States*

**PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR RETURNED WITHOUT THE REQUIRED DOCUMENTATION AND PAYMENT, YOUR REGISTRATION WILL BE DELAYED.**

Please return this completed form to:  
Jersey Care Commission  
2<sup>nd</sup> Floor, 23 Hill Street  
St Helier  
JE2 4UA

Fax to 01534 445773

or scan and email to [notifications@carecommission.je](mailto:notifications@carecommission.je)

If you have any queries, please contact the registration administrators on 01534 445801 or 01534 445802.