

Medical Practitioners (Registration) (Jersey) Law 1960

Portal guidance

IMPORTANT

PLEASE READ THIS INFORMATION BEFORE COMPLETING AN APPLICATION FOR REGISTRATION UNDER THE ABOVE LAW.

Medical Practitioner Registration

You must be registered under Jersey [Law](#) before you can start working as a doctor or general practitioner (GP). Regardless of whether you'll be working on a long-term, short-term or temporary work basis.

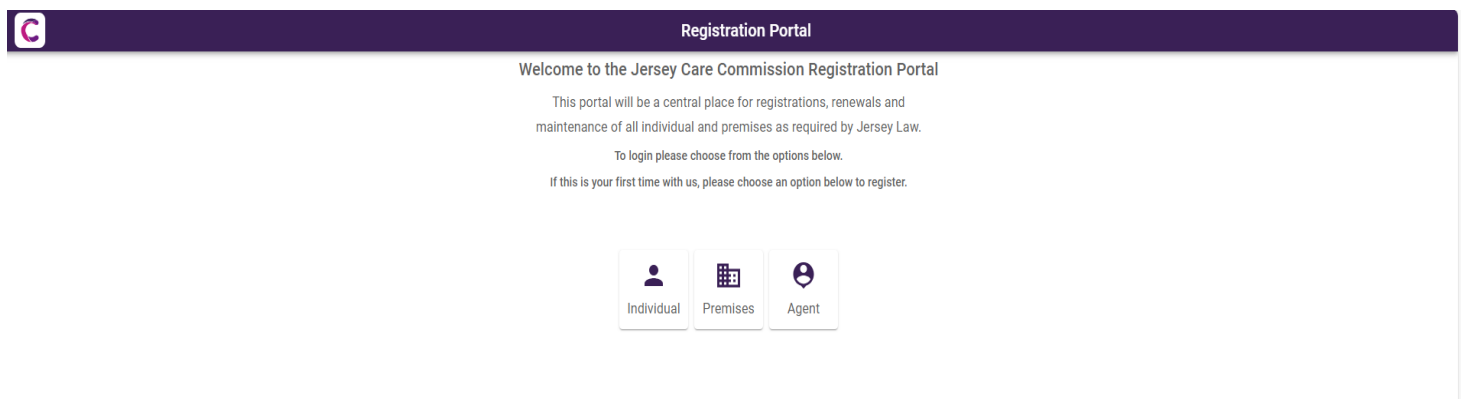
The registration process is overseen by the Jersey Care Commission.

How do I register?

It is essential that the details are completed correctly. Incorrect or incomplete information will be returned, delaying the registration and consequently this can delay the date from which employment in the registrable occupation can commence.

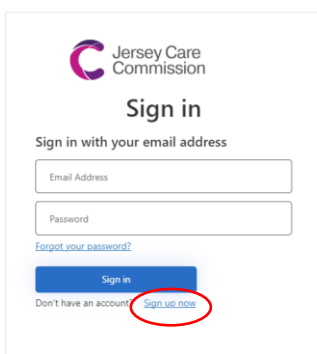
An application for registration must be submitted via the portal available by [clicking here](#)

You will be taken to the following screen. Click on Individual:



The screenshot shows the 'Registration Portal' header with the Jersey Care Commission logo. Below the header, the text reads: 'Welcome to the Jersey Care Commission Registration Portal. This portal will be a central place for registrations, renewals and maintenance of all individual and premises as required by Jersey Law. To login please choose from the options below. If this is your first time with us, please choose an option below to register.' There are three buttons: 'Individual', 'Premises', and 'Agent'. The 'Individual' button is highlighted with a red circle.

Click on 'Sign up Now'



The screenshot shows the 'Sign in' page with the Jersey Care Commission logo. The text reads: 'Sign in with your email address'. There are two input fields: 'Email Address' and 'Password'. Below the input fields is a link: 'Forgot your password?'. There is a blue 'Sign in' button. At the bottom, there is a link: 'Don't have an account? [sign up now](#)'. The 'sign up now' link is circled in red.



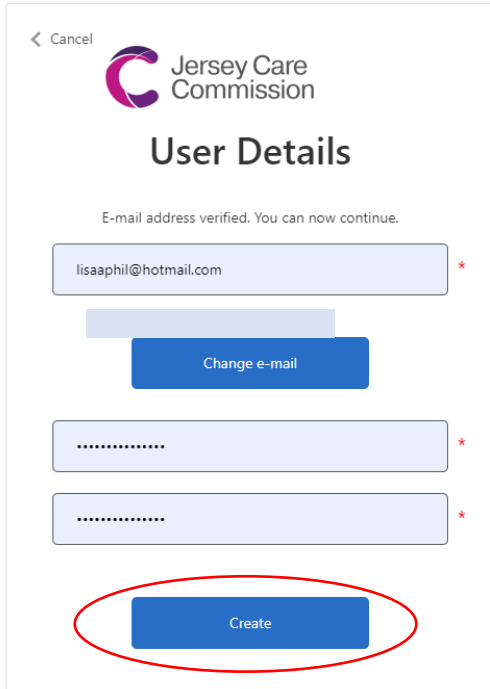
Add in your email address and click 'Send Verifications Code'.

A screenshot of a mobile application interface titled 'User Details'. At the top left is a back arrow and the word 'Cancel'. Below this is the Jersey Care Commission logo. The title 'User Details' is centered. There is an input field for 'Email Address' with a red asterisk to its right. Below the field is a blue button labeled 'Send verification code'. Further down are two more input fields: 'New Password' and 'Confirm New Password', both with red asterisks to their right. At the bottom is a light blue button labeled 'Create'.


Once the code has been received please add the code in the field 'Verification Code' and click 'Verify Code'.

A screenshot of the same 'User Details' form, but at a later stage. A message above the input fields reads: 'Verification code has been sent to your inbox. Please copy it to the input box below.' The 'Email Address' field is now filled with a greyed-out address. Below it is a 'Verification Code' input field with a red asterisk to its right. Below the 'Verification Code' field are two blue buttons: 'Verify code' and 'Send new code'. The 'Verify code' button is circled in red. Below these buttons are two more input fields, both containing a series of dots and having a red asterisk to their right. At the bottom is a light blue button labeled 'Create'.

Please enter a password and click 'Create' (you have the option to change to a different email address at this stage).



< Cancel



Jersey Care Commission

User Details

E-mail address verified. You can now continue.

 *

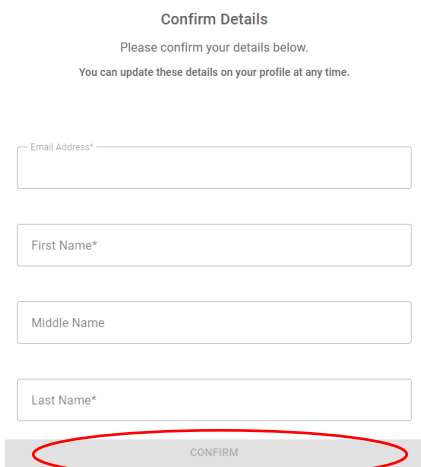
Change e-mail

 * *

Create

Please add your full Name - where relevant this must be the same as that with which you are registered with any UK regulatory body and click 'Confirm'.

Registration Portal

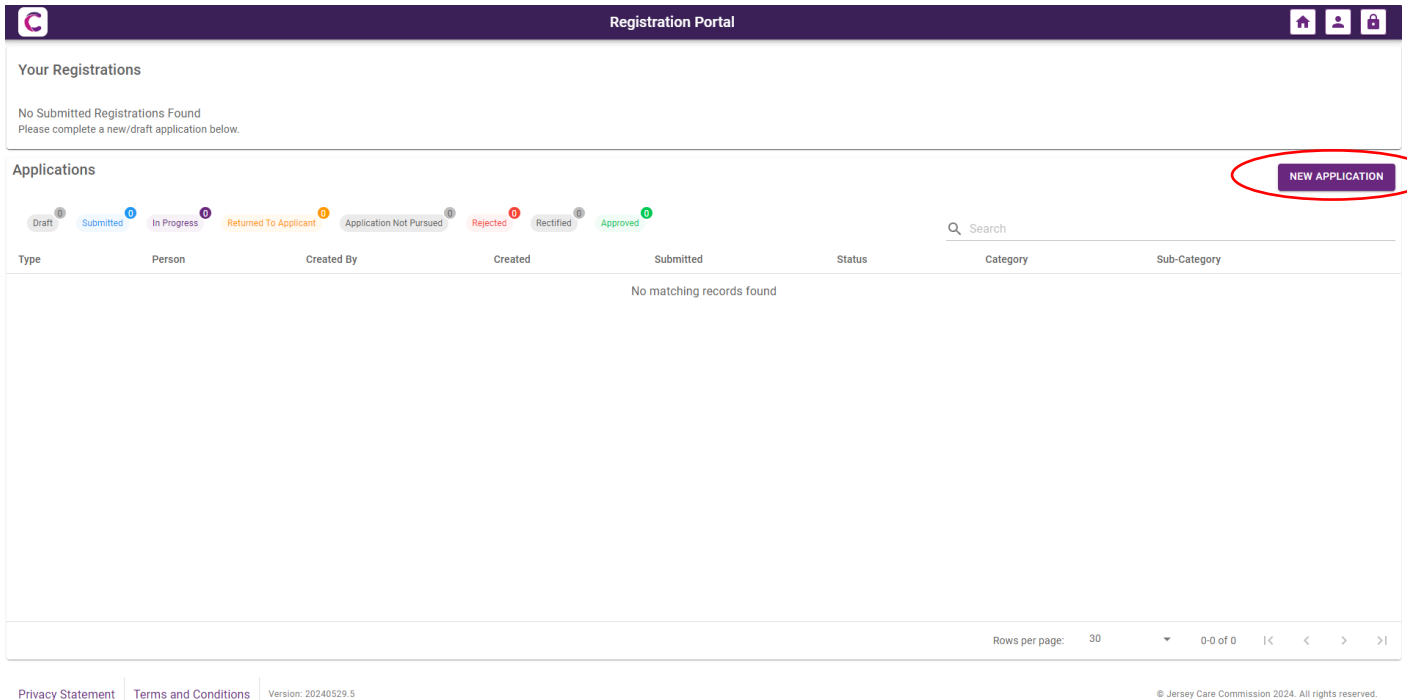


Confirm Details

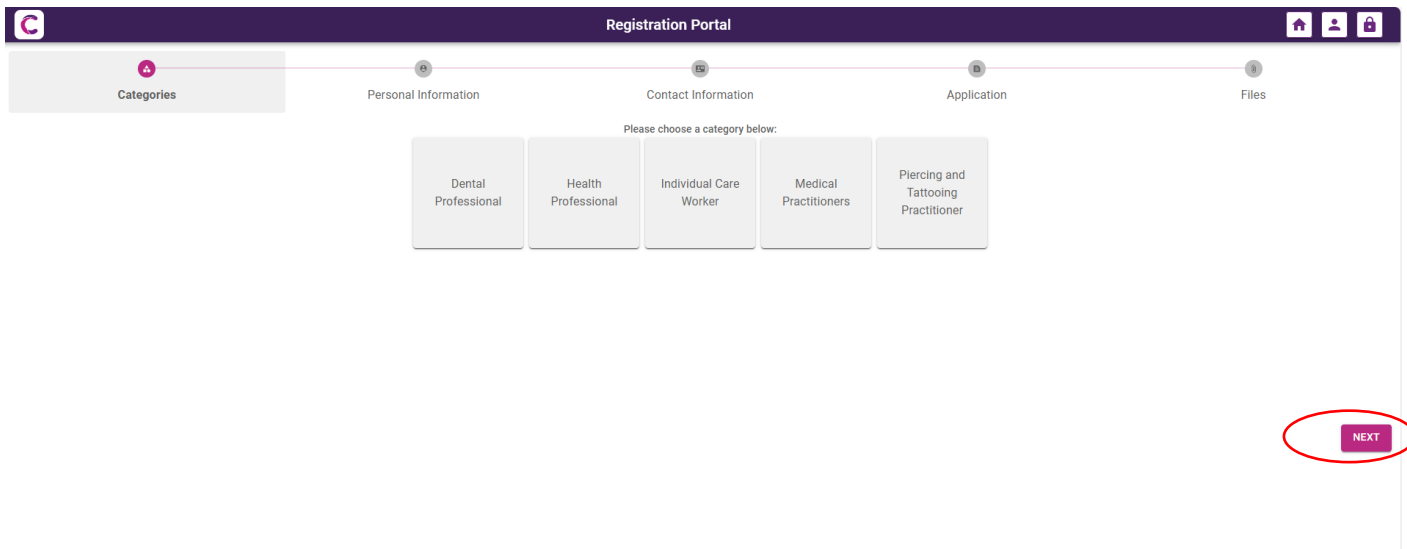
Please confirm your details below.
You can update these details on your profile at any time.

CONFIRM

You will be taken to the following screen. Please click on 'New Application'.



Please click 'Medical Practitioner'



If you are being employed by Health and Community Services (HCS) and HCS are paying for the fee, please select toggle the answer to yes add the contact name of the member of HCS team that are assisting you.

Otherwise the answer should remain 'No'. Click 'Next'

Are you applying for a registration as an employee of the Government of Jersey?

No

Please add your name and date of birth (Your name should pull through from previous information provided, please ensure this is correct). Click 'Next'.

Registration Portal

Categories Personal Information Contact Information Application Disclosures Files

Personal Information

First Name
Test First Name

Middle Name

Last Name
Test Last Name

Previous Name

Date of birth?
01/05/1953

PREVIOUS COMPLETE! **NEXT**

Please add your contact telephone number and email address.

Add your address. Please note that your name must be the same as that with which you are registered with the General Medical Council (GMC). Click 'Next'

Registration Portal

Categories Personal Information Contact Information Application Disclosures Files

Contact Details

Personal Email
testtesting@hotmail.com

Work Email
testtesting@hotmail.com

Mobile Phone
0125632144

Work Phone
055455454

Home Phone
4885545454545

Line 1
Test street

Line 2
Test Street 1

Line 3
Test Street 3

City/Parish
UK

Country
UNITED KINGDOM (GBR)

Postal Code
CGDD 445

PREVIOUS COMPLETE! **NEXT**

Privacy Statement | Terms and Conditions | Version: 20240529.5 © Jersey Care Commission 2024. All rights reserved.

Please add your GMC registration number, date first registered, GMC revalidation date and date of the GMC retention fee due.

Please add any details of any conditions imposed by the General Medical Council.

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Registration Portal 🏠 👤 🔒

Categories
Personal Information
Contact Information
Application
Disclosures
Files

Medical Practitioners (Registration) (Jersey) Law 1960

Professional Registration
What is your GMC registration number?

Please provide your GMC registration number.

When did you first register with the GMC?

_____ 📅

Please provide the date you were first registered with the GMC.

Date of next GMC Revalidation?

_____ 📅

Please provide the date your GMC revalidation is due.



Date GMC retention fee due?

_____ 📅

Not a valid date time

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 carefully read the following employment questions. To answer yes, click on toggle the

button  to answer no leave the answer as  .

Medical Services Provision

Do you intend to work as a doctor in Jersey on a permanent basis?

If not, please state the approximate dates that you intend to provide a medical service in Jersey:

Start Date _____ 📅

End Date _____ 📅

Do you intend to provide medical services in Jersey on a self employed basis?

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.

Do you also practise in another jurisdiction (including the UK) which requires you to hold a GMC licence to practice?

Will you be working in the Jersey Private Medical Services?

Please add your Responsible Officer details.

Responsible Officer
Please provide the full name and contact address of your responsible officer or suitable person:

First Name

Last Name

Bussiness Name

Address Line 1

Address Line 2

Address Line 3

City

County

Post Code

Please select + Add Address to provide the name, address and email address for each employer in Jersey.

Employer
Please provide the name, address and email address for each employer in Jersey

Employer addresses

+ ADD ADDRESS

Name	Email	Address Line 1	Address Line 2	Address Line 3	City/Parish	Postal Code

PREVIOUS

NEXT

Please select + Add Qualification to add your Professional Qualifications that entitle you to practise in the registered profession and click 'Next'



Professional Qualifications
Please list your professional qualifications that entitle you to practise in the registered profession

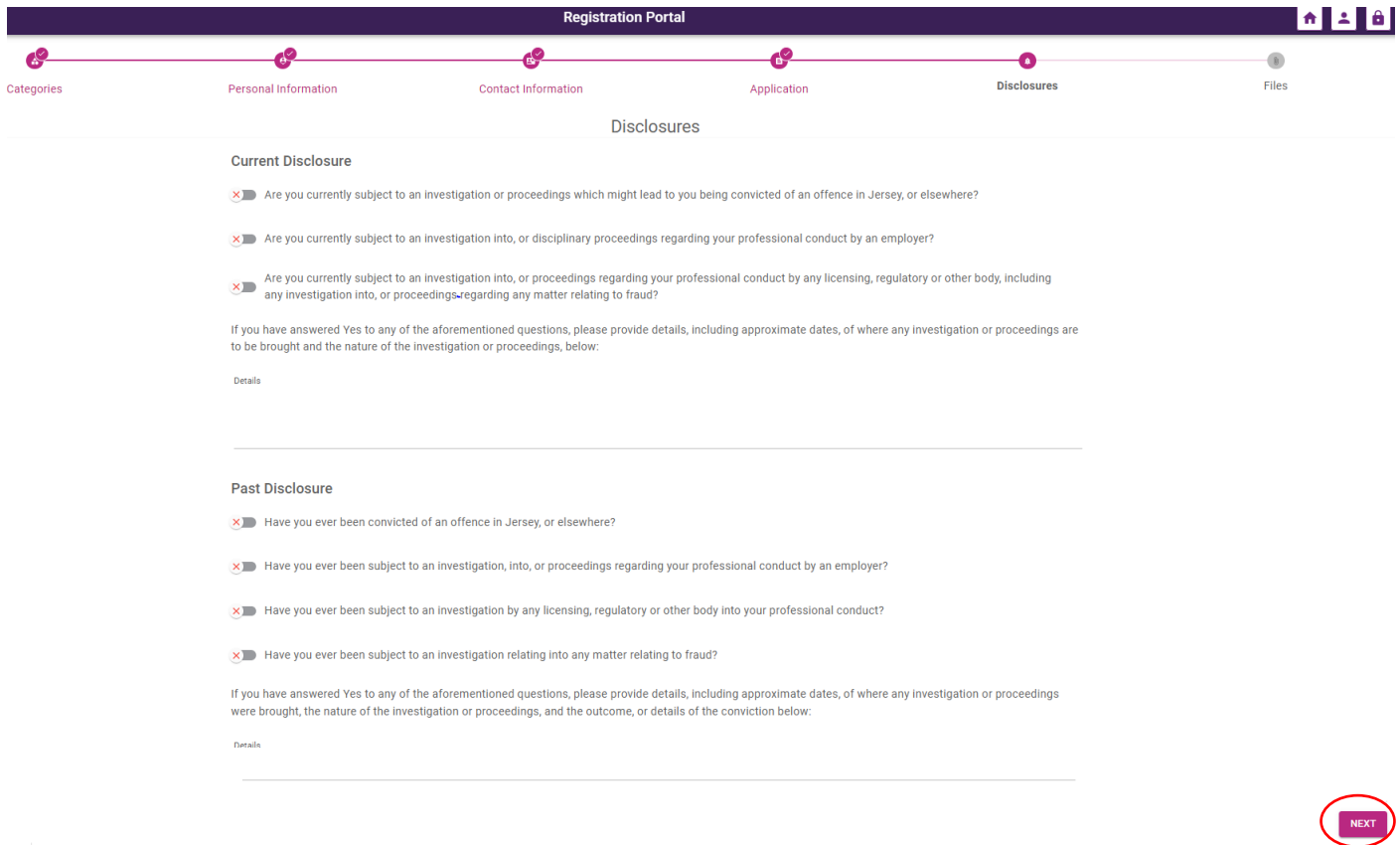
Qualifications

+ ADD QUALIFICATION

Name	Year Awarded	Awarding Institution

Please carefully read the following disclosure questions. To answer yes, click on toggle the

button  to answer no leave the answer as . If you have answered Yes to any of the questions please provide details in the details section, including approximate dates, of where any investigations or proceedings were brought, the nature of the investigation or proceedings and the outcome, or details of the conviction. Click 'Next'



Registration Portal

Categories Personal Information Contact Information Application Disclosures Files

Disclosures

Current Disclosure

Are you currently subject to an investigation or proceedings which might lead to you being convicted of an offence in Jersey, or elsewhere?

Are you currently subject to an investigation into, or disciplinary proceedings regarding your professional conduct by an employer?

Are you currently 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?

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:

Details

Past Disclosure

Have you ever been convicted of an offence in Jersey, or elsewhere?

Have you ever been subject to an investigation, into, or proceedings regarding your professional conduct by an employer?

Have you ever been subject to an investigation by any licensing, regulatory or other body into your professional conduct?

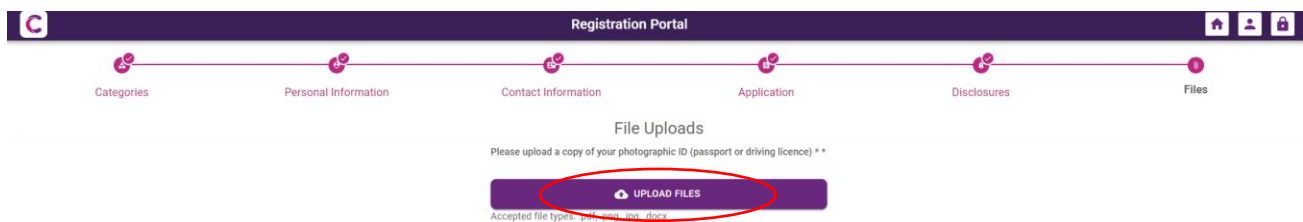
Have you ever been subject to an investigation relating into any matter relating to fraud?

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:

Details

NEXT

Please click 'Upload Files' to submit a valid form of photographic ID (Passport or Drivers Licence)



Registration Portal

Categories Personal Information Contact Information Application Disclosures Files

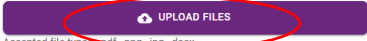
File Uploads

Please upload a copy of your photographic ID (passport or driving licence) **

UPLOAD FILES

Accepted file types: pdf, doc, docx

- Please click 'Upload Files' to submit copy of a certificate from the GMC entitled 'certificate of proof of entry on the register' which applicants can download from your log in with the GMC. Click 'Finish'

 **UPLOAD FILES**

Accepted file types: pdf, png, jpg, docx


Please tick the declaration box to agree the information provided is true and complete:

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 refusal of my application to be registered, or if discovered post registration, the cancellation of my registration. I understand that enquiries may be made to verify these details.

I agree

Please follow the instructions for payment:

Please use the button below to continue to the City Pay payment screen.

 **Pay Now**

Contact Information

1

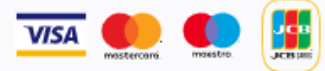
Billing Address

2

Country

Select a value

Card Details



3



Expiry



CSC

Name On Card



The card number as it appears on
the front of your card

The **expiry date**
is invalid

This is the name embossed on the
front of your card

Once the application has been submitted, the application will be processed by the team. If there is any more information required, the team will contact you. If you have any questions, please contact us. Our contact details are below.

Where can I get further information?

Please contact:

Jersey Care Commission
1st Floor, Capital House
8, Church Street, St Helier
Jersey JE2 3NN
Tel: 01534 445801
e-mail: notifications@carecommission.je



You can amend your details before submitting your application by clicking the blue pen in the home screen.

