

General Optical Council  
**Application for registration 2009-10 (student)**  
**Non EEA/EU qualified optometrists for duration of UK examinations**

**Section 1 – Application for registration**

I wish to apply for registration on the register of student optometrists for the duration of my examinations. I confirm that I am taking my examinations through The College of Optometrists.

Date(s) of examination(s)

**Section 2 – Individual contact details**

Fields in **bold** type indicate information which will appear in the published register and may be made available to third parties.

<b>First name(s)</b>	<b>Surname</b>	<b>Title</b>
Date of birth		
Full address		
<b>Town</b>	County	
<b>Country</b>	Post code	
Telephone number	Email	
Is this address also a practice address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 3 – Optical Qualifications**

Educational establishment	Country	Qualification	Date passed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**Section 4 – Declarations**

**Do you wish to make any declarations?**

- Yes Please give full details below  
**Failure to provide full details will delay your application**
- No Please proceed to **Section 5**

**Section A – Criminal and disciplinary proceedings**

1. Please provide full details of any convictions or cautions (or any Agreed Offer, Penalty Payment Agreement, or Absolute Discharge Order in Scotland) or any investigations in relation to a criminal offence. You must declare any conditional caution, and any convictions which led to the imposition of a conditional or absolute discharge. This must include any convictions etc that you believe spent. You should give full details of the **date, the offence committed, the penalty or punishment imposed and the circumstances leading to the offence. This should include the amount of any fine and the name of any court you attended.** Attach a separate sheet if necessary.

You do not need to declare road traffic offences that have been dealt with by way of a fixed penalty.

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2. Please provide details of any adverse findings or current investigations by the GOC or any other body which regulates a health or social care profession either in the UK or abroad, including a NHS primary care organisation (PCO) or health board. You should give details of the **date, the regulatory body/PCO and the sanction or investigation.** Attach as separate sheet if necessary.

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**Section B – Physical and mental health**

Are you aware of mental or physical health conditions which a reasonable person would think might impair your fitness to practise? **If yes, please provide full details of the date and nature of the nature of the condition, the date of diagnosis and any treatment required.**

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Attach photo here  
and sign on front

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### Section 5 – Identification

I certify that I have known the applicant for at least two years and that the attached photograph, which is identified by my signature, is a true likeness.

Name of applicant

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Name of person certifying

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Position of person certifying

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Signed

Date

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### Section 6 – Declaration of information

I declare that I have read, understood and will comply with the GOC's code of conduct for individual registrants.

I understand that the GOC will use the information I have provided to exercise its proper and statutory functions.

I declare that the information given in this form is true and accurate.

I understand that I will only be registered for the duration of my examinations, after which time I shall be removed from the GOC student register.

I understand that I must notify the GOC if my contact address changes at any time during the registration period.

Signed

Date

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### Section 7 – Certification (to be completed by The College of Optometrists)

I certify that the applicant is registered to sit the following examination for Non EEA/EU qualified optometrists. Please provide the exact date(s) of these examination(s):

Examination

Date

Examination

Date

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Name of person certifying

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Position of person certifying

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Signed

Date

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#### Checklist

Make sure you:

Complete all sections of the application form

Sign the declaration

Enclose a cheque payment of £20

Attach a signed photo

You must return the form and payment to The College of Optometrists to complete Section 7. It is your responsibility to ensure you are registered.

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#### For office use only

Fees

Amount received

Initials

Date

£

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