

General Optical Council  
**Application for restoration 2011-12 (body corporate)**

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Complete this form if you have previously been registered with the General Optical Council and you wish to be restored to a register.

**Section 1 – Contact details**

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

Permanent address details (to be completed in full)

**Body corporate name**

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**Trading as (if applicable)**

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**Company's registration number**

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**Main contact address**

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**Town**

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County

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**Country (if not UK)**

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**Post code**

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Telephone number

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Email

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Is this address also a practice address?

Yes  No

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**Section 2 – Dates of last registration**

Date of previous registration

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Date removed from the register

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**Section 3 – Additional practice addresses**

We will only hold on your record the practice addresses provided on this form. To ensure that your details are current we will delete any other practice addresses on your record.

**Name**

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**Address**

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**Town**

County

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**Country (if not UK)**

**Post code**

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Telephone number

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**Name**

---

**Address**

---

**Town**

County

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**Country (if not UK)**

**Post code**

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Telephone number

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**Name**

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**Address**

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**Town**

County

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**Country (if not UK)**

**Post code**

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Telephone number

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**Name**

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**Address**

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**Town**

County

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**Country (if not UK)**

**Post code**

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Telephone number

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**Name**

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**Address**

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**Town**

County

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**Country (if not UK)**

**Post code**

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Telephone number

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**Section 4 – Entitlement to register**

Complete **one** only of parts A, B, C or D.

**A – The majority of the directors are registered optometrists or dispensing opticians.**

Give the names of **all** directors and show registration numbers of those who are registered optometrists or dispensing opticians.

Name	GOC number
_____	_____
Name	GOC number
_____	_____
Name	GOC number
_____	_____
Name	GOC number
_____	_____
Name	GOC number
_____	_____

**B – The applicant was included in a health service ophthalmic list on 20.11.1957**

Name of Council, Committee or board \_\_\_\_\_

List number \_\_\_\_\_

Former name (if applicable) \_\_\_\_\_

**C – The greater part of the applicant’s business consists of activities other than the testing of sight and fitting and supply of optical appliances and the testing of sight is carried on under the management of a registered optometrist and the fitting and supply of optical appliances is carried on under the management of a registered optometrist or dispensing optician.**

Person(s) with full powers of management and discretion on professional issues:

Testing of sight \_\_\_\_\_

Name	GOC number
_____	_____

Fitting and supply of optical appliances \_\_\_\_\_

Name	GOC number
_____	_____

**D – The applicant is an Industrial & Provident Society and the testing of sight is carried on under the management of a registered optometrist and the fitting and supply of optical appliances is carried on under the management of a registered optometrist or dispensing optician.**

Person(s) with full powers of management and discretion on professional issues:

Testing of sight \_\_\_\_\_

Name	GOC number
_____	_____

Fitting and supply of optical appliances \_\_\_\_\_

Name	GOC number
_____	_____

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## 5 – Declarations

### Do you wish to make any declarations?

- Yes You must provide information relating to the applicant or any of its directors.  
Please give full details below. **Failure to provide full details will delay your application**
- No Please proceed to **Section 6**

### 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 6 – Declaration of information

I declare that I have read, understood and will comply with the GOC's code of conduct for business 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 annual retention fee will be due by 15 March each year regardless of the date of initial registration.

I understand that I must notify the GOC if the company's contact address changes at any time during the registration year.

**Signed (director/company secretary)**

**Date**

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### Checklist

Make sure you:  Complete all sections of the application form  Sign the declaration

Payment £340 (tick one only)

Credit card form completed and enclosed  Paid by bank transfer  Cheque enclosed

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### For office use only

Fees

Amount received

Initials

Date

£

General Optical Council  
**Guidance notes for restoration 2011-12 (body corporate)**

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To apply for restoration, you need to do four things:

1. Complete all sections of the restoration form
2. Sign the declaration
3. Pay the restoration fee of £340
4. Return the form and fee to us

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Completing the form

**Section 1 – Contact details**

You should provide the company's main contact address. This may be either the company's registered address or the principal place of business. You must provide an address which is reliable so that communications from the Council can reach you without delay. You must notify the Council in writing of any changes to your address.

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**Section 2 – Dates of last registration**

Please give the dates (or approximate dates) of the applicant's last registration, and when the applicant's name was removed from the register.

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**Section 3 – Additional practice addresses**

Please provide details of all practice addresses. If you need more space, please photocopy the practice details section of the form.

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**Section 4 – Entitlement to register**

Complete part A if the majority of directors are registered optometrists or dispensing opticians, or if there is only one director, s/he is a registered optometrist or dispensing optician. Give the names of all directors, including the GOC numbers of all registered optometrists and dispensing opticians.

Complete part B if the company, or a predecessor on whose reconstruction it came into existence, was included in a health service ophthalmic list on 20 November 1957. Give the name of an Executive Council, Joint Ophthalmic Services Committee or the Northern Ireland General Health Services Board, whose health service ophthalmic list the body was on at 20 November 1957, and the number used by the Council, Committee or Board. If the body corporate was on several lists, only give details of one. If there has been a change of name of the body corporate since 20 November 1957, give the former name. Please provide proof of inclusion.

(continued over)

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#### Section 4 – Entitlement to register (continued)

Complete part C if fees for work as optometrist or dispensing opticians, and receipts for optical appliances designed to correct, relieve or remedy a defect of sight, do not exceed 49 per cent of the total receipts of the body corporate for sales and services in the year. The testing of sight must be under the management of a registered optometrist and the fitting and supply of optical appliances must be under the management of a registered optometrist or dispensing optician. The person(s) named, or their successors must have full powers of management and discretion on professional issues. You must notify the Council if this situation changes.

Complete part D if the applicant is an Industrial & Provident Society. The testing of sight must be under the management of a registered optometrist and the fitting and supply of optical appliances must be under the management of a registered optometrist or dispensing optician. The person(s) named, or their successors must have full powers of management and discretion on professional issues. You must notify the Council if this situation changes.

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#### Section 5 – Declarations

Declaring information will not necessarily affect your registration.

Please ensure that you tick either the YES or NO box to indicate whether you wish to make any declarations about criminal and disciplinary proceedings. If you tick YES you must provide details according to the guideline below and on the form. Corporate applicants must provide details in relation to their directors, members or partners.

Relevant UK bodies for the purposes of part 2 are the following:

General Optical Council	Health Professionals Council
General Chiropractic Council	Nursing and Midwifery Council
General Dental Council	Pharmaceutical Society of Northern Ireland
General Medical Council	General Pharmaceutical Council
General Osteopathic Council	Primary care organisations or health boards

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#### Section 6 – Declaration of information

You must sign and date that declaration of information.

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#### Fees

It costs £340 to restore your body corporate to the register. Your body corporate annual retention fee will be due by 15 March regardless of the date of registration, by which time you should submit an application for retention. The registration year runs from 1 April to 31 March.

We can accept payment by cheque, credit card or bank transfer. Cheques should be in pounds sterling, drawn on a bank based in the UK and made payable to the General Optical Council. Eurocheques will not be accepted. Please write your name and date of birth clearly on the back of your cheque.

If you wish to pay by card, please complete a GOC *Card payment form* in full and attach it to the application form.

When making a bank transfer please use your name and GOC number when providing the bank with a reference code for the transaction. Please record this reference code and date of payment on the application form or on a cover note attached to the form.

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#### If you have questions

Email	goc@optical.org
Write to	41 Harley Street, London W1G 8DJ
Telephone	+44 (0)20 7580 3898, option 1 Mon to Thu 09.00-17.00, Fri 09.00-16.45
Website	www.optical.org

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