
Practice(s) where you are undertaking practical experience (if applicable).
To be completed in full if different from contact address above.

Name of practice

Full address

Town County

Country (if not UK) Post code

Telephone number

Name of supervisor Supervisor's GOC no.

Trading name and contact address of supervisor (if different from practice address)

Additional practice address

Name of practice

Full address

Town County

Country (if not UK) Post code

Telephone number

Section 3 – Educational establishment where you are undertaking training

Optometrists

- Anglia Ruskin University
- Aston University, Birmingham
- University of Bradford
- Cardiff University
- City University, London
- College of Optometrists
- Glasgow Caledonian University
- Institute of Optometry
- University of Manchester
- University of Ulster

Dispensing opticians

- Anglia Ruskin University
- ABDO College DLI
- ABDO – Examinations
- Bradford College
- City & Islington College
- City University, London
- Glasgow Caledonian University

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 a separate sheet if necessary.

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Section B – Physical and mental health

Please provide full details of any mental or physical health conditions which a reasonable person would think might impair your fitness to undertake training. You should give full details of **the name and nature of the condition, the date of diagnosis and any treatment or medication required.**

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Attach photo here
and sign on front

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

Name of person certifying

Position of person certifying

Signed

Date

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 my annual student retention application will be due by 15 July each year regardless of the date of my initial registration/restoration.

I understand that I must notify the GOC immediately if there are any changes to the information provided in this application.

Signed

Date

Official stamp

Section 7 – Certification (to be completed by your educational establishment or supervisor)

I certify that the applicant intends to or is undertaking training/pre-registration training* in optometry/dispensing optics* during the academic year.

Name of person certifying

Position of person certifying (Head of Dept/Personal Tutor/Supervisor)

Signed

Date

*please delete as appropriate

Checklist

Make sure you:

- Complete all sections of the application form
- Sign the declaration
- Attach a photo signed across the front by the person certifying your identity
- Enclose a cheque payment of £20 made out to "GOC"
- Ensure your form is stamped and certified by your educational establishment*.

* You must forward this form to your educational establishment (or supervisor) to complete Section 7. It is your responsibility to ensure you are registered.

For office use only

Fees

Amount received

Initials

Date

£

General Optical Council
Application for registration 2009-10 (student)

To register on the General Optical Council register of students you need to do the following five things:

1. Complete all sections of the registration form
2. Sign the declaration
3. Pay the registration fee of £20
4. Attach the signed photo
5. Return the form and payment to your training institution or supervisor before commencing your course of study

Completing the form

Section 1 – Application for registration

Please tick the box to show which register you wish to be included in. You may not undertake training provided by an approved training establishment or obtain practical experience in the work of an optometrist or dispensing optician until you are registered with the GOC.

Section 2 – Individual contact details

Your contact address will form part of your entry in the public register. 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 or through our internet service of any changes to your address. You must also notify us of a change of name as soon as possible, enclosing a photocopy of the change of name deed or marriage certificate.

If you are entering a vocational period of training (the pre-registration placement), you must tell us when you start the placement, or if your circumstances change. You must provide details of all practice addresses where you will be obtaining supervised practical experience. If you need more space, please attach a separate sheet.

Section 3 – Educational establishment where you are undertaking training

Please include which approved educational establishment is providing your training. If you are in your vocational (pre-registration year), you should indicate the relevant examining body.

Section 4 – Declarations

Please ensure that you either tick the YES or NO box to indicate whether you wish to make any declarations about criminal and disciplinary proceedings and/or physical and mental health. If you tick YES you must provide full details in section A and/or B according to the guideline below and on the form. You must declare any conviction, caution, conditional caution, conditional or absolute discharge and any investigations in relation to a criminal offence.

This must include any of the above that you believe spent.

Relevant bodies for the purposes of Section A2 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	Royal Pharmaceutical Society of Great Britain
General Osteopathic Council	Primary care organisations or health boards

Section 5 – Identification

A signed photograph is a key part of the application. The person certifying your identity must have known you for at least 2 years and must sign the front of the photograph and complete and sign the identification section. **This person cannot be a member of your family** The photograph can be signed by:

- a registered optometrist or registered dispensing optician;
- a registered medical practitioner;
- a solicitor or barrister;
- a justice of the peace;
- an accountant;
- the principal of an educational establishment which granted the applicant a qualification or a person authorised by the principal of that establishment; or
- another person of similar standing in the community.

Section 6 – Declaration of Information

You must sign and date the declaration of information.

Section 7 – Certification

This section must be completed by your training establishment or supervisor.

We need to receive confirmation that you will be or are already undertaking training or study at the institution indicated on your application form.

Fees

The student registration year runs from 1 September to 31 August. The registration/restoration fee covers inclusion of a name in the student register for the current registration year. Your annual student retention fee will be due by 15 July regardless of the date of initial registration/restoration. **The student registration fee is £20.**

Cheques should be made payable to the General Optical Council. Please write your name and date of birth clearly on the back of the cheque.

If you have any 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
