

General Optical Council  
**Application for registration 2011-12 (student)**

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**Section 1 – Application for registration**

Please indicate in which register you wish to be included:

The register of student optometrists.       The register of student dispensing opticians.

Please indicate on which date you commenced your first year of study (mm/yy) \_\_\_\_\_

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**Section 2 – Individual contact details**

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

**First name(s)** \_\_\_\_\_ **Surname** \_\_\_\_\_ **Title** \_\_\_\_\_

Date of birth \_\_\_\_\_

Full address \_\_\_\_\_

**Town** \_\_\_\_\_ **County** \_\_\_\_\_

**Country (if not UK)** \_\_\_\_\_ **Post code** \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Is this address also a practice address?       Yes       No

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. \_\_\_\_\_

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

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**Additional practice address**

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**Name of practice**

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**Full 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 3 – Educational establishment where you are undertaking training**

Please indicate your current year of study/training. Please see the guidance notes to ensure that you indicate the correct year of study:

Academic year

1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>

Practical experience

Exam only

(Pre-reg/PQP)  

Please clarify the name of your educational establishment

**Optometrists**

- Anglia Ruskin University
- Aston University, Birmingham
- University of Bradford
- Cardiff University
- City University, London
- College of Optometrists
- Glasgow Caledonian University
- Plymouth University
- 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

Please provide the full name of the course you will be studying or the pre-registration scheme you will be undertaking during the registration year. If you wish to be registered solely for the purposes of sitting examinations and have registered with the relevant examination body please provide the name of the examination(s) you will be sitting and the date(s) you will be taking them.

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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 a 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 undertake training? If **yes**, please provide full details of the **date and 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

Name of person certifying

Position of person certifying

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

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

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

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 Department/Personal Tutor)

Signed

Date

\*please delete as appropriate

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### 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 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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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**

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**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.

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**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.

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**Section 3 – Educational establishment where you are undertaking training**

Please clarify your current year of study by ticking the relevant box in the first part of this section. If you are a dispensing student and are undertaking your theoretical course and your practical training at the same time, please tick both relevant boxes.

Please clarify the name of the approved educational establishment that is providing your training. If you are in your vocational (pre-registration year) you should indicate the relevant examining body.

We require you to specify the name of the course or training scheme you will be undertaking during the current registration year. If you are due to sit examinations then you will need to specify the date that you have registered to sit these exams as well as the title of the examinations.

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## 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	General Pharmaceutical Council
General Osteopathic Council	Primary care organisations or health boards

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## 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.

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## Section 6 – Declaration of Information

You must sign and date the declaration of information.

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## Section 7 – Certification

This section must be completed by your educational establishment. The official stamp of the educational establishment should be provided with the signature of the member of staff certifying your identity. It may be prudent to make arrangements to send the form to the GOC via your educational establishment with an understanding that they will forward the form once this section has been completed. We need to receive confirmation that you will be or are already undertaking training or study at the institution indicated on your application form.

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## Fees

The student registration year runs from 1 September to 31 August. The registration/restoration fee covers the cost of including your 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.

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## 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

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