

General Optical Council
Registrant Check application form

Section 1 – Important information

This application form is for employers of opticians or dispensing opticians who, as part of their pre-employment check processes, need to confirm whether a GOC registrant has had previous fitness to practise sanctions imposed by the GOC Fitness to Practise Committee, or is currently under investigation by the GOC's Fitness to Practise Department. The form can also be used by PCTs or other health authorities who need to check registrants' declarations as part of application processes for entry to a local Ophthalmic Performers List.

The information in this application form can also be provided in the body of an email, as long as the registrant's consent form is attached and full necessary registrant details provided.

In response to a completed application, the GOC will issue a letter (known as a 'letter of good standing') setting out the registrant's full registration and fitness to practise history and current status.

Applications should be sent to by email to registration@optical.org (Subject: Registrant Check Application), sent by fax to +44 (0)20 7307 3939, or posted to:

Registration Department
General Optical Council
41 Harley Street
London
W1G 8DJ

We aim to process Registrant Check applications within 5 working days of receipt of a correctly completed application form. If you require urgent processing of your form, please contact the GOC Registration Department.

If you have any questions about this process, please contact the Registration Department:

Telephone +44 (0)20 7580 3898, option 1, Mon to Thu 09.00-17.00, Fri 09.00-16.45

Section 2 – Registrant's details

Title Surname(s)

First Name(s)

Previous name(s) (if known)

Date of birth

GOC registration number

Date of registration

Section 2 – Organisation details

This section is to be completed by the officer/employee of the health authority or employer requesting a check.

Please provide your contact details and those of your organisation. Please supply an email address and/or phone number where we can contact you to discuss this application if necessary.

Title Surname(s) _____

First Name(s) _____

Job Title _____

Name of organisation _____

Full address _____

Town Postcode _____

Email Phone _____

Section 3 – Consent

Some of the information that you need is not available from the GOC registers. We therefore request to see a copy of the registrant's consent before we disclose this information to you.

A copy of the registrant's consent can also be attached separately with this application form, if you have your own standard organisational declaration and consent forms as part of your application processes. Alternatively, the registrant should complete and sign the following consent:

Registrant's consent

I consent to a request being made by _____
[organisation name] to the General Optical Council, for information relating to either:

- any current investigation into my fitness to practise and/or any current interim order that has been imposed by the Fitness to Practise Committee; or
- any past investigation into my fitness to practise that resulted in an allegation against me being referred to the Fitness to Practise Committee or in the issue of a warning by the Investigation Committee; and
- to the disclosure of such information by the General Optical Council.

Name: _____

Signed _____ Date _____
