

## STUDENT RESTORATION Identification form

This form must be completed by the person certifying your identification. We require certified photo identification for the restoration process.

We will not start to process your restoration application until you have submitted the online restoration form and submitted this form. The online restoration form can be found here: [https://www.optical.org/en/Registration/Restoring\\_to\\_the\\_registers/students.cfm](https://www.optical.org/en/Registration/Restoring_to_the_registers/students.cfm)

Once this form is completed and photograph certified, you can email them to us at [registration@optical.org](mailto:registration@optical.org)

Or post to General Optical Council, 10 Old Bailey, London EC4M 7NG

**Emailed forms must be clear and not over 3mb in size.** For photos that have been certified on the back, both sides of the photograph must be submitted. If the form is posted it must be the original **signed and** certified copy, not a photocopy **of the original**.

To restore as a student dispensing optician or student optometrist, you need to provide one of the following forms of photo identification with this application:

<p><b>A:</b> A clear and certified photocopy of one of the following valid documents: passport, EU National Identity Card, UK driver's licence or student identification card.</p>	<p><b>OR</b></p>	<p><b>B:</b> A passport sized photograph certified with a signature and name of the person signing it on the back.</p>
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### Who can certify your identification?

- A person who is in one of the following professions:
  - Bank or building society official
  - Councillor
  - Any registered member of a statutory regulated profession<sup>1</sup>
  - A minister of the Church, Rabbi, Imam or other religious official acceptable to the GOC
  - Higher education lecturer
- It is preferable that you have known them for at least **two years**, but this is not essential. They must not be related to, or in a relationship with you or living at the same address.

A full copy of our certification guidance for applicants can be found here: <https://www.optical.org/en/Registration/registration-guidance/index.cfm>

<sup>1</sup> This is any member of a UK regulator whose power to regulate their profession derives from an Act of Parliament. This refers to any healthcare practitioner that is registered with any of the nine healthcare regulators that are overseen by the Professional Standards Authority: <https://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/find-a-regulator> including; **optometrists, dispensing opticians, dentists, pharmacists etc.** This also includes professions such as; **solicitors, engineers and architects.** **Accountants** must be registered with ICAEW, the Institute of Chartered Accountants in England and Wales, or ICAS, the Institute of Chartered Accountants of Scotland, or Chartered Accountants Ireland.

## PERSON CERTIFYING TO COMPLETE

### Instructions for the person certifying your document

You must complete the information on this form and on the photograph provided by the applicant as instructed below.

#### A: Instructions for certified photocopy of identification

Once you have the photocopy and original of the applicant's identification document, please complete the following steps on the photocopied document.

1. Write or stamp 'Certified to be a true copy of the original seen by me' on the document
2. Sign and date
3. Print your name (if you work in a profession that is regulated, please include your registration number in the below field table where indicated)

#### B: Instructions for passport sized photograph

Sign, date and print your name on the back of the photograph.

**You must also complete this section in writing:**

**This section must be completed by the person certifying identification. The signature cannot be electronic.**

<b>Full name of applicant for registration</b>			
<b>Details of person certifying the identification</b>			
<b>(this must be a person in the list of 'Who can certify your identification')</b>			
I certify that I have known the applicant since _____ (insert date mm/yy) and that the attached photograph/certified copy of valid photo identification is a true likeness.			
<b>Full name</b>			
<b>Occupation</b>			
<b>Professional registration number if applicable</b>			
<b>Address of person certifying</b>			
<b>Telephone number</b>			
<b>Signed</b>		<b>Date</b>	