YOUR_REGISTRATION NUMBER:			

# **GENFORM GF1** APPLICATION FOR INITIAL REGISTRATION IN THE GENERAL DIVISION OF THE REGISTER

Kingram House, Kingram Place, Dublin 2.

Telephone: +353-1-4983100 Facsimile: +353-1-4983102 Email: registration@mcirl.ie Website: www.medicalcouncil.ie



### APPLICATION TO OPEN REGISTRATION IN THE GENERAL DIVISION OF THE REGISTER.

ALL PARTS OF THIS FORM MUST BE COMPLETED, SIGNED AND DATED. +° SURNAME: +°FORENAME(S): + OADDRESS (TO BE USED AS YOUR REGISTERED ADDRESS. YOUR CERTIFICATE WILL BE SENT TO THIS ADDRESS ONLY): **Note**: The registration year runs from  $1^{st}$  july to  $30^{th}$  June. If a doctor is registered during the registration year, a retention FEE IS PAYABLE ON THE FOLLOWING  $1^{ST}$  JULY. IF REGISTRATION IS GRANTED, ITEMS MARKED + WILL APPEAR ON THE REGISTER OF MEDICAL PRACTITIONERS. IF REGISTRATION IS GRANTED, ITEMS MARKED O MAY BE SHARED WITH RELEVANT THIRD PARTIES, EG TRAINING BODIES AND THE HSE CONTACT DETAILS: (PLEASE INCLUDE INTERNATIONAL CODES IF OUTSIDE THE REPUBLIC OF IRELAND) Phone: Fax: Mobile: E-mail address: Contacting applicants about their application by email is often quicker than by °DATE OF BIRTH: MOTHER'S MAIDEN (BIRTH) SURNAME:

## **IMPORTANT INFORMATION:**

COUNCIL.

YOU SHOULD ONLY SUBMIT THIS FORM AFTER BEING DECLARED ELIGIBLE FOR GENERAL DIVISION REGISTRATION AND AFTER HAVING RECEIVED AN ELIGIBILITY LETTER FROM THE MEDICAL COUNCIL.

NOTE: IN ORDER TO VERIFY YOUR IDENTITY, YOU MAY BE ASKED FOR THE ABOVE INFORMATION WHEN YOU CONTACT THE MEDICAL

#### PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

Check List	
Up-to-date Curriculum Vitae	
CURRENT CERTIFICATE(S)OF GOOD STANDING DATED WITHIN 3 MONTHS FROM ALL AUTHORITIES WITH WHOM YOU HAVE BEEN REGISTERED IN THE PAST 5 YEARS. THE CERTIFICATE SHOULD BE SENT DIRECTLY FROM THE ISSUING BODY TO THE MEDICAL COUNCL	
NOTARISED / ATTESTED COPY OF YOUR PASSPORT - A NEW COPY IS REQUIRED AS PROOF OF IDENTITY TO ACTIVATE YOUR REGISTRATION	

YOUR_REGISTRATION NUMBER:			

**GENFORM GF1** APPLICATION FOR INITIAL REGISTRATION IN THE GENERAL DIVISION OF THE REGISTER

### **IMPORTANT FEE INFORMATION:**

If you are registering for the first time within a registration year between  $\mathbf{1}^{\text{ST}}$  July and  $\mathbf{31}^{\text{ST}}$  December, you are required to pay a registration fee of  $\mathbf{\mathfrak{C}535}$ . If you are registering for the first time within a registration year on or after  $\mathbf{1}^{\text{ST}}$  January you are required to pay a registration fee of  $\mathbf{\mathfrak{C}267}$ .

PAYMENT FORM - TO BE CO	MPLETED BY THE DOCTOR		
Method of payment:	Draft/Postal Order	Credit Card	Lasercard
An additional fee of 2.02 TRANSACTIONS	2% WILL APPLY TO ALL VISA AND MA	ASTERCARD PAYM	MENTS AND €0.25 FOR ALL LASERCARD
CREDIT CARD NUMBER			Exp M M Y Y Date
CVV NO. (last 3 digits on back)		VISA	MASTERCARD
LASERCARD NUMBER			Exp M M Y Y Date
Name of card holder:			
Address of card holder:			
	nce between 1 <sup>st</sup> July and 31st D	Pecember: €535	; <u> </u>
Signature:			Date:

## I hereby note and declare that:

- (a) The information on this form is true and that I have signed this form in my own handwriting.
- (b) I know of no reason why the Medical Council should not grant me a new period of trainee specialist registration in the Register of Medical Practitioners in accordance with the Medical Practitioners Act 2007.
- (c) I acknowledge that the granting of trainee specialist registration is at the discretion of the Medical Council under the provisions of the Medical Practitioners Act 2007.
- (d) I possess the linguistic capacity to communicate with patients in Ireland.
- (e) I am familiar with the legislation appertaining to the practice of medicine in Ireland and have read the current edition of the Medical Council's Ethical Guide.
- (f) I have not been subject to disciplinary proceedings by any Authority with which I am or have been registered as a medical practitioner.
- (g) I hereby consent and give authority to the Medical Council to make any enquiry or enquiries with any body or person in pursuance of my application for a new period of trainee specialist registration.

Signature:	Date: