

You should use this application form if

- you are already registered with the GMC

AND

- you want to change your name on the Medical Register

You must email copies of your supporting documents (and official English translations if appropriate) before we can accept this application.

If you save this form and email manually, please attach your supporting documents to the same email and send using your registered email address

If you use the 'Submit form' button, please email your supporting documents separately from your registered email address to regsupport@gmc-uk.org

Please fill this form electronically. Then, if you use a software email client (such as Outlook), click on 'Submit form' in the top right of the screen.

If you use webmail, such as hotmail or gmail, fill the form in then save it and send it from your registered email address to:

regsupport@gmc-uk.org

The information you give on this form will be used by the GMC to:

- Process your application
- Update the Registers
- Administer and maintain your registration and licence to practise
- Process complaints
- Compile statistics and undertake research
- Send you GMC guidance, news and other information.

For an explanation of how your information may be used, please see our privacy policy at www.gmc-uk.org/privacy-and-cookies

Your personal details

GMC reference number	<input type="text"/>
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I wish to change my name on the Medical Register from

Family name or surname	<input type="text"/>
First name	<input type="text"/>
Other/middle names	<input type="text"/>

to

Family name or surname	<input type="text"/>
First name	<input type="text"/>
Other/middle names	<input type="text"/>

Date of birth	<input type="text"/>	Gender	<input type="text"/>
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Your contact details

Please enter your details below and tick this box if you wish to use this as your registered address:

Home telephone	Work telephone	Mobile telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		
Full address	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>

Reason for changing name

Type of change	Evidence of change (please tick one box only)	
All changes	We do not accept deed poll certificates as evidence of a name change.	
All changes	I will send an official English translation of any documents that are not issued in English	<input type="checkbox"/>
Change of family name on marriage/civil partnership	I will send a copy of my marriage or civil partnership certificate with this form to regsupport@gmc-uk.org	<input type="checkbox"/>
Change of family name back to maiden name	I will send a copy of my old and new passport showing my old and new names or my new passport with either my decree absolute, primary medical qualification, birth certificate or marriage certificate, to regsupport@gmc-uk.org	<input type="checkbox"/>
Change of family name - other	I will send a copy of my old and new passport showing my old and new names and an explanation as to why I wish to change my family name (please use page 5) with this form to regsupport@gmc-uk.org	<input type="checkbox"/>
Expansion of initials (your current GMC registered name must show the initial of the name you want to expand)	I will send a copy of my current passport confirming my full name, or a letter from my medical school or medical registration certificate confirming my full name, with this form to regsupport@gmc-uk.org	<input type="checkbox"/>
Removal of a name	I will send a copy of my old and new passports showing my old and new names with this form to regsupport@gmc-uk.org	<input type="checkbox"/>
Addition of a new first or middle name	I will send a copy of my old and new passports showing my old and new names with this form to regsupport@gmc-uk.org	<input type="checkbox"/>
Addition of a name you have had since birth	I will send a copy of my current passport and either my birth certificate or primary medical qualification with this form to regsupport@gmc-uk.org	<input type="checkbox"/>
Changing order of a name	I will send a copy of my current passport showing the correct order of name, primary medical qualification and a statement explaining the reason for the change	<input type="checkbox"/>
Complete change of name	I will send a copy of my old and new passport showing my old and new names and an explanation as to why I wish to change my name (please use page 5) with this form to regsupport@gmc-uk.org	<input type="checkbox"/>

Please note that your current passport should show your name as you would like it to be listed on the register.

In some cases we may also need to see original documents before completing your name change.

Please note that even if you have submitted the required documents in the past, you will need to submit them again with this application. For complete change of name further evidence may be required, please submit your old and new passports in the first instance.

Please continue to use the name under which you are currently registered until we tell you that we have made the change you requested.

Declaration

I request that the entry of my name in the Register be changed. I intend in future to act and be known by the new name noted above. In applying for my name to be changed on the Register, I understand that:

1. the General Medical Council (GMC) will make any enquiries it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent the GMC ask to carry out checks on its behalf, will make any necessary checks to verify the information I have given.
3. enquiries will be made before and while I am registered, including enquiries overseas, which may involve the transfer of my personal data outside of the European Economic Area.
4. the recipient of any enquires will provide the information requested.
5. my personal data will be given to my referees, government bodies and other third parties as may be reasonably necessary.

The information I have provided in my application is correct and true.

I understand that if I have made a false declaration, or provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practise and report the matter to the police.

I understand that I must use my registered name consistently for all activities related to my professional and medical practice.

I understand that I must ensure patients, colleagues and employers are aware of my change of name.

I understand that to protect the public, the GMC may share my registration and licensing information with UK and international regulators, public litigation and prosecution bodies and law enforcement organisations.

I have read [Good medical practice](#). I understand that I must work in line with the principles and values set out in it, and its explanatory guidance and have a duty to tell the GMC about any criminal or regulatory proceedings. I acknowledge that serious or persistent failure to follow this guidance will put my registration at risk.

Tick this box to confirm that you have read and understand the declaration

This declaration must not be more than three months old at the time your application is granted. If for any reason your application is not processed within this time we may ask you to sign another declaration.

Use this sheet to provide details as prompted in the application form.
Please use the columns to help you set out your answer where appropriate.
You can photocopy this sheet if you need more space.
