

## STUDENT REGISTRATION Identification form

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

We will not start to process your registration application until you have submitted the online registration form and sent us this form. The registration form is here:

[https://www.optical.org/en/Registration/Applying\\_for\\_registration/Students.cfm](https://www.optical.org/en/Registration/Applying_for_registration/Students.cfm)

Once this form is completed and photograph certified, 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 5mb in size.** For photos that have been certified on the back, both sides of the photograph must be sent. If the form is posted it must be the original **signed and** certified copy, **not a photocopy** of the original.

Provide one of the following forms of photo identification with this application:

<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.	<b>OR</b>	<b>B:</b> A passport sized photograph certified with a signature and name of the person signing it on the back.
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### Who can certify your identification?

- a registered optometrist or registered dispensing optician,
  - a registered medical or healthcare practitioner, (including doctors, dentists, pharmacists)
  - a registered professional such as a solicitor or barrister, engineer, architect or accountant (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.)
  - a justice of the peace,
  - a principal of an educational institution which granted the applicant a qualification or a person authorised by the principal of that institution (in practice a teacher or lecturer at a school or college where you obtained a qualification)
    - or
  - another individual of similar standing in the community, which includes a minister of the Church, Rabbi, Imam or other religious official acceptable to the GOC
- An individual from one of the professions above must have known the applicant for at least two years and who certifies that the photograph is a true likeness of the applicant. 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://optical.org/publications/goc-certification-guidance/>

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## 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 copy and original of the applicant's identification document, complete the following on the **photocopied document**.

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

### B: Instructions for passport sized photograph

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

### C. Complete the following section:

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

<b>Full name of applicant for registration</b>			
<b>DOB of applicant</b>			
<b>Email address of applicant</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 of certifier</b>			
<b>Occupation</b>			
<b>Professional registration number if applicable</b>			
<b>Work address of person certifying</b>			
<b>Work email address</b>			
<b>Work telephone number</b>			
<b>Stamp (if applicable)</b>			
<b>Signed</b>		<b>Date</b>	