

Form J1: Joinder (single practitioner)

Hearing name	
Hearing date (if known)	
Party making application	
Representative details	

Explanatory notes

- ▶ Complete this application form if you are applying for **more than one GMC referral decision relating to a single practitioner** to be joined to be heard at the same hearing. A separate form applies for other types of joinder application.
- ▶ Please read our [Joinder guidance](#) before completing your application to ensure this is the correct application to make in the circumstances you are dealing with.
- ▶ Once completed, please send your application to the MPTS Case Management team at MPTSCaseManagementTeam@mpts-uk.org and to the other party.

Application

Please complete the following fields or indicate where not applicable.

	Date of referral decision	Impairment type
1.		
2.		
3.		
4.		

Supporting evidence

Please complete the following:

Are the allegations and written reasons for each referral decision enclosed? (If no, your application will be refused)	Yes		No	
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Is the application agreed?	Yes		No	
Are comments from the responding party enclosed?	Yes		No	
If you have not sought comments from the responding party, please explain why:				

Submissions

Please explain below why the application is in the interests of justice and any other factors in support of the application (or indicate if separate submissions are attached). Factors decision makers will bear in mind can be found at page 8 of our guidance.