

DOCTOR APPLICATION FORM

Please complete all sections using CAPITAL LETTERS and return with required documents

PERSONAL DETAILS

Title:	Surname:
Forename(s):	Nationality:
Contact Address:	
Postcode:	National Insurance No:

Home Phone:	Mobile Phone:
Email:	

Do you own a car?	Date of Birth: / /
Sex:	GMC No: (FULL ONLY)
	Grade:

PROFESSIONAL MISCONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES" please supply details:	
Are you aware of the GMS's performance monitoring process?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

SPECIALITY

Which speciality would you like to work?

Speciality 1:	Speciality 2:
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NEXT OF KIN

Name:	Telephone:
Contact Address:	

NHS/ Medical Computer Systems Familiar with (Circle as appropriate)

Emis – LV/PCS VISION SYSTEM ONE i-SOFT SYNERGY TOREX ADASTRA Other:.....

DECLARATION OF HEALTH

Please state whether you have or have not suffered from any of the following. Where the question has prompted a 'yes' response please enter details in the comments box.

Description of Illness	YES	NO	Comments
Cardio/vascular illness including chest pain, high blood pressure, low blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>	
Eye disease/injury or defect of vision not corrected by glasses.	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma, bronchitis, pleurisy, pneumonia or other chest illness.	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes, thyroid or other glandular problems	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, frequent fainting attacks, giddiness or migraine	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken pox, German measles, poliomyelitis, dysentery, rheumatic fever, jaundice	<input type="checkbox"/>	<input type="checkbox"/>	
Any degree of hearing loss.	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A, B or C	<input type="checkbox"/>	<input type="checkbox"/>	
Prolonged or severe back ache, back injury, neck injury.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any illness that affects your mobility/movement?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking any prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been treated for any other serious illness/operations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer with dermatitis, psoriasis, melanoma or other skin complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any reasonable adjustments that an employer should make to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever suffered with depression, mental illness or a nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you any reason to believe you may be infected with a communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you knowingly been in contact with MRSA or worked within an MRSA environment?	<input type="checkbox"/>	<input type="checkbox"/>	

IONISATION RADIATION CERTIFICATE

Do you hold the certificate in Ionisation radiation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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VACCINATION STATUS

Hepatitis B - Initial Course	YES <input type="checkbox"/>	Enclosed Evidence <input type="checkbox"/>
Hepatitis B – Antibody Titre Result _____		Enclosed Evidence <input type="checkbox"/>

If 'No' please consult your appropriate occupation health department NHS Requirement is that a Hepatitis B surface antibody level should be over 100 iu/L from a test carried out in the UK within the last 5 year. Non-responders to the vaccine will need to show evidence of a negative surface antigen to prove non-infectivity to the virus.

Rubella	<input type="checkbox"/>	Varicella	<input type="checkbox"/>	Polio	<input type="checkbox"/>
BCG	<input type="checkbox"/>	Heaf/Mantoux	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>

Do you have natural immunity to:

Chickenpox	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
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Many hospitals are now insisting on seeing evidence of immunity to Rubella, Varicella and other viruses, preferably on a Pathology report, especially if doctors wish to work in Obstetrics and Gynaecology, Paediatrics and Accident & Emergency. An official Occupational Health Department immunisation record showing immunity will also be accepted by most hospitals.



Please assure us that you are aware and have read the department of health's guidelines on AIDS/HIV infected health care workers issued in April 1993 and the GMC's booklet serious communicable diseases - October 1997 and agree to abide by these recommendations.

Signed.	Date
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I declare that the answers given with this Declaration of Health are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to my removal from the Locum Select register. I give Locum Select permission to contact my GP to obtain further information if necessary.

Signed.	Date
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OCCUPATION STATUS

Your entitlement for working as a doctor in the UK is based upon what status:

EU Citizen	<input type="checkbox"/>	Spouse of an EU Citizen	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>
Permit-free Visa	<input type="checkbox"/>	Right of Abode in the UK	<input type="checkbox"/>	Admitted to UK as Doctor Prior to 1985	<input type="checkbox"/>

If you are an EEC Citizen please supply us with any of the following documents:

Original payslip with your National Insurance details Birth Certificate or copy of Passport.	Enclosed Evidence <input type="checkbox"/>
If your place of origin is outside the EEC, please provide supporting visa documentation and copy of passport	Enclosed Evidence <input type="checkbox"/>

Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 apply. Applicants are therefore required to give information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you at any time been convicted of an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If “Yes”, please give details in the box provided.

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It is a condition of proceeding with your application that you apply for an “enhanced” CRB disclosure or produce a disclosure which you have already obtained. Convictions and any other criminal record information obtained through the Criminal Record Bureau’s Disclosure service will not necessarily be a bar to employment. All circumstances will be taken into account. However, any inconsistencies compared with the information given above may invalidate your application. It is a condition of engagement that clients will be informed of details of criminal convictions so that they may make an informed decision as to whether or not to engage a candidate on a temporary assignment.

CRB APPLICATION PROCESS

Contact Locum Select on **0121 448 2981** or email **enquiries@locumselect.com** and one of our recruitment consultants will guide you through the application process.

SURVEY

Where did you hear about Locum Select? (Circle as appropriate)

Pulse Magazine / GP Magazine / BMJ / Internet Search / SMS / Colleague / Word of mouth / Other :.....

Which Medical magazines / journals do you read?

REFERENCES

Please supply the names and work addresses of two clinical professional referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration.

1. Name:		Position
Work Address:		
Postcode	Telephone	Fax
Email		
In what capacity and how long has this person known you?		
May we contact your referee prior to an interview?		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Name:		Position
Work Address:		
Postcode	Telephone	Fax
Email		
In what capacity and how long has this person known you?		
May we contact your referee prior to an interview?		Yes <input type="checkbox"/> No <input type="checkbox"/>

PAY

When working for Locum Select, you can be paid in one of the following ways:

Self-Employment: This means your earnings are paid direct to you. You would not be entitled to holiday or sick pay. It is your responsibility to pay your own tax and National Insurance contributions directly to the Inland Revenue (UK).*
Limited Company: This means that a limited company of your choice deals with all your financial requirements. There is no holiday or sick pay with this option. If you take this option then you will need to provide us with your Limited Company details.*
PAYE: This means that Locum Select becomes your main or second employer. This also means that we look after your tax and that you will get holiday and sick pay in line with statutory requirements.

Disclaimer: Locum Select reserves the right to disclose all personal and material information to the Inland Revenue if requested. Please tick and then sign for one of the following:

SELF EMPLOYMENT:	<input type="checkbox"/>	(You will be paid gross. It will be your responsibility to pay your own tax and National Insurance)
LIMITED COMPANY:	<input type="checkbox"/>	(If you tick this option we will pay the Ltd Company Gross. The Ltd company will pay you directly. Please ensure that your company details are supplied)
PAYE:	<input type="checkbox"/>	

Limited Company No	
Unique Tax Reference No:	

Signed: _____ **Print Name:** _____

Date: ___ / ___ / ___

BANK DETAILS

(Please note: If you wish to be paid via a Ltd Company we can only accept Ltd Company Bank Account details)

Bank/Building Society Name:											
Bank/Building Society Address:											
Post Code:											
Account Holder Name:											
Sort Code (always 6 digits)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
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At Locum Select our preferred method of payment is BACS. This will ensure prompt payment into your account

DECLARATION

I confirm that the information given in this application is, to the best of my knowledge, true. I am permitted to work in the UK. I have read, understood and agree to the terms and conditions of work for Locum Select. I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau. I undertake to inform Locum Select should I be convicted of an offence in the future. I undertake to inform Locum Select immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment. I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Locum Select not less than three months' notice. Your registration with Locum Select can be terminated at any time following unsatisfactory work reports.

Signed.	Date
PRINT NAME:	

APPLICATION CHECKLIST
(Please tick each area below)

- 1. GMC Certificate (Full Only)
- 2. CCT / PMETB / JCPTGP certificate
- 3. Medical Indemnity Insurance Certificate
- 4. Evidence of inclusion on a PCT Performers' List (GP Only)
- 5. Criminal Records Bureau Enhanced Disclosure certificate
- 6. Curriculum Vitae
- 7. Basic Life Support (BLS) or Advanced Life support (ALS) certificate
- 8. Photographic I.D. (i.e colour copy of your passport)
- 9. Two recent passport-sized photographs
- 10. Confirmation of eligibility to work in UK
- 11. Evidence of current address
- 12. Evidence that yearly appraisal has been undertaken
- 13. Occupational Health Evidence including Hep B serology report.
- 14. Self Employed Declaration/ LTD Company Declaration *
- 15. Signed copy of Terms and Conditions of Service *
- 16. Filled in availability sheet *

*Downloadable from www.locumselect.com

Please return to : Locum Select Limited, Brackenwood, Little Aston Park Road, Sutton Coldfield, B74 3BZ

Tel: 0121 448 2981

Fax: 0121 448 6160

Email: enquires@locumselect.com