



APPLICATION FORM

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

Please tick position you are applying for:

- | | | | |
|--------------|--------------------------|---------------------|--------------------------|
| Locum Doctor | <input type="checkbox"/> | Pharmacy Technician | <input type="checkbox"/> |
| GP | <input type="checkbox"/> | HCA | <input type="checkbox"/> |
| Nurse | <input type="checkbox"/> | | |

PERSONAL DETAILS

Title:	Surname:
Forename(s):	
Address	
Home Telephone:	Mobile Phone:
Email address:	
Nationality:	National Insurance Number:
Date of Birth:	Sex:
GMC Number (for doctors and GP's only):	
NMC Pin Number (for nurses only):	
Next of Kin to be notified in case of an emergency. Name and telephone number:	

EDUCATION

Please include all the relevant information related to level of education in chronological order:

Name and address of school/ college attended	Country and city of education	Dates	Level	Grade

If necessary please continue on a separate page

OCCUPATION STATUS

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

British Citizen

Right of Abode in the UK

HSMP Status

EU Citizen

Spouse of an EU Citizen

Admitted to the UK as a Doctor

Prior to 1985

If you are an EU Citizen please supply us with any of the following Documents:

- Original payslip with your National Insurance Details,
Enclosed evidence
- If your place of origin is outside the EEC, please provide supporting visa documentation and copy of
passport
Enclosed evidence

Employment History:

Name and address of previous employer:	Position held and grade, if applicable:	Type of Organisation	Date from:	Date to:	Reasons for leaving:

Please briefly describe your duties:

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Please briefly describe your duties:

If necessary please continue on a separate page

PROFESSIONAL MISCONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended?

YES NO

If "YES" Please provide details:

Are you aware of the GMS's performance monitoring process?

YES NO

SPECIALITY

Which speciality would you like to work?

Speciality 1:

Speciality 2:

IONISATION RADIATION CERTIFICATE

Do you have ionisation radiation certificate?

YES NO

DECLARATION OF HEALTH

Please state whether you have or have not suffered from any of the following. If the answer to any of the questions asked below is a "YES" please enter details in the comments provided.

Description of illness	YES	NO	Comments
Cardio/vascular illness including chest pain, high blood pressure, low blood pressure.			
Eye disease/injury or defect of vision not corrected by glasses.			
Asthma, bronchitis, pleurisy, pneumonia or other chest illness.			
Tuberculosis			
Diabetes, thyroid or other glandular problems			
Epilepsy, frequent fainting attacks, giddiness or migraine			
Chicken pox, German measles, poliomyelitis, dysentery, rheumatic fever, jaundice			

Any degree of hearing loss.			
Hepatitis A, B or C			
Prolonged or severe back ache, back injury, neck injury.			
Do you have any illness that affects your mobility/movement?			
Are you currently taking any prescribed medication?			
Have you ever been treated for any other serious illness/operations?			
Do you have any allergies?			
Do you suffer with dermatitis, psoriasis, melanoma or other skin complaints?			
Are you registered disabled?			
Are there any reasonable adjustments that an employer should make to enable you to work?			
Have you ever suffered with depression, mental illness or a nervous breakdown?			
Have you any reason to believe you may be infected with a communicable disease?			
Have you knowingly been in contact with MRSA or worked within an MRSA environment?			

VACCINATION STATUS

Hepatitis B – Initial Course

YES Enclosed evidence

Hepatitis B – Antibody Titre Results

_____ Enclosed evidence

If “NO” please consult your appropriate occupational 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

Varicella

Polio

BCG

Heaf/ Mantoux

Tetanus

Do you have natural immunity to:

Chickenpox
HIV

Measles
Hep C

Mumps

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 NO

If “YES” please give details in the space provided

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 no less than three months duration.

Can we contact your referees before your interview?

YES NO

- | | |
|--|-----------|
| Name: | Position: |
| Work Address: | |
| Post code: | |
| Telephone: | Fax: |
| Email address: | |
| How long has this person known you for?: | |
- | | |
|--|-----------|
| Name: | Position: |
| Work Address: | |
| Post code: | |
| Telephone: | Fax: |
| Email address: | |
| How long has this person known you for?: | |