

Registration Form (Doctor & GP)

Please complete this form as accurately as possible and return to us at the address above. Please also inform us of any future changes to your personal circumstances as soon as possible so we can keep your records up-to-date. If you need assistance with any part of this form please call us on **0203 489 6070**.

Personal Information

First name(s)
Last name
Any other names <small>(Please attach official proof of name change)</small>
Date of Birth
Address
Postcode
Home telephone
Mobile telephone
Fax number
E-mail address
Full UK Driving Licence? Y <input type="checkbox"/> N <input type="checkbox"/>

Next of Kin

Full name
Relationship
Address
Postcode
Home telephone
Mobile telephone
E-mail address

Immigration

Are you a British or EU National? Y <input type="checkbox"/> N <input type="checkbox"/>
Do you hold a valid VISA? Y <input type="checkbox"/> N <input type="checkbox"/>
VISA Type (e.g. Tier 1, Student etc)
Please specify any work restrictions
Nationality
Passport number
Passport expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
VISA number
VISA expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Qualifications

Dates (from and to)	Qualifications	Institution

Employment History

Please provide your employment history for the last 10 years, listing the start and completion date, names of employer and contact details. Please use the back of THIS page if more space is required.

1. Most recent employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
Postcode	
Telephone	
E-mail address	

2. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
Postcode	
Telephone	
E-mail address	

3. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
Postcode	
Telephone	
E-mail address	

References

Please supply names and details of two clinical professional referees. One must be from your present or most recent employer.

Do we have permission to contact your referees? **Y** **N**

First referee name	
Hospital name	
Address	
Postcode	
Tel	Fax
E-mail address	
Dates worked with this doctor	

Second referee name	
Hospital name	
Address	
Postcode	
Tel	Fax
E-mail address	
Dates worked with this doctor	

Professional Appraisal (Consultant, Mentor, etc.)

Title	Name
GMC number	
Usual place of work	
Telephone	
E-mail address	
Date of last appraisal	Date of next appraisal
<input type="text"/>	<input type="text"/>
Date of last Revalidation	Date of next Revalidation
<input type="text"/>	<input type="text"/>

Additional Courses

ACLS (Adv Cardiac Life Support)	Y <input type="checkbox"/> N <input type="checkbox"/>
ATLS (Adv Trauma Life Support)	Y <input type="checkbox"/> N <input type="checkbox"/>
Caldicott Principles / Information Governance (Annual)	Y <input type="checkbox"/> N <input type="checkbox"/>
Complaints Handling (Annual)	Y <input type="checkbox"/> N <input type="checkbox"/>
Counter Fraud	Y <input type="checkbox"/> N <input type="checkbox"/>
Equality, Diversity & Human Rights (every 3 years)	Y <input type="checkbox"/> N <input type="checkbox"/>
Fire Safety (every 2 years)	Y <input type="checkbox"/> N <input type="checkbox"/>
Handling Violence & Aggression	Y <input type="checkbox"/> N <input type="checkbox"/>
Health, Safety and Welfare (Annual)	Y <input type="checkbox"/> N <input type="checkbox"/>
Infection Prevention & Control - Level 1 or 2 (yearly)	Y <input type="checkbox"/> N <input type="checkbox"/>
Life Support - Basic, Intermediate or Advanced (must be practical / can be via Skype) Resuscitation (yearly)	Y <input type="checkbox"/> N <input type="checkbox"/>
Lone Worker Training (annual)	Y <input type="checkbox"/> N <input type="checkbox"/>
Mental Health Act & Mental Capacity Act (yearly)	Y <input type="checkbox"/> N <input type="checkbox"/>
Moving and Handling (loads and people, Level 1 or 2) – Online Assessment accepted (Annual)	Y <input type="checkbox"/> N <input type="checkbox"/>
NHS Conflict Resolution	Y <input type="checkbox"/> N <input type="checkbox"/>
PALS (Paediatric Adv Life Support)	Y <input type="checkbox"/> N <input type="checkbox"/>
Preventing Radicalisation (every year)	Y <input type="checkbox"/> N <input type="checkbox"/>
Safeguarding Adults Level 1,2 or 3 (every 3 years)	Y <input type="checkbox"/> N <input type="checkbox"/>
Safeguarding Children Level 1, 2 or 3 (every 3 years)	Y <input type="checkbox"/> N <input type="checkbox"/>

Professional Membership & Insurance

Professional membership <small>e.g. GMC, HPC, NMC</small>
Membership number
Date of full registration
<input type="text"/>
Type of registration
Full <input type="checkbox"/> GP register <input type="checkbox"/> Specialist register <input type="checkbox"/>
Do you have professional insurance? Y <input type="checkbox"/> N <input type="checkbox"/>
Insurance held with
Membership number
Renewal date
<input type="text"/>

Financial Details

National Insurance Number	
Tax status	PAYE <input type="checkbox"/> Self-employed <input type="checkbox"/> Limited Company <input type="checkbox"/>
Unique tax reference	

Bank Details

Name on account	
Name of bank/institution	
Name of limited Company	
Account number	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

Occupational Health

I agree to provide evidence of immunisations to Austin Dean Recruitment my first locum assignment.

Have you attended your GP in the last 12 months? Y N

I understand my responsibility (set out in Duties of a Doctor: Guidance from the General Medical Council) to have all the necessary tests if I think I have or am carrying a serious or communicable condition and to act on the advice of a suitably qualified colleague about and/or modifications to my clinical practice.

I also understand that I must take and follow advice from a consultant in Occupational Health or another suitably qualified colleague if my judgement or performance could be significantly affected by a condition or illness.

I give Austin Dean permission to contact my GP to obtain further information if necessary Y N

Health and Disability

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability relevant to the role which may make it difficult for you to carry out functions which are essential for the role you seek?

Y N If yes, please specify

If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc.?

Please specify

Declarations

As a Matter of professional responsibility and due to other requirements, we need you to fill out and sign this declaration. We shall rely on this information when screening your application. A misstatement under this section is therefore an offence.

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which enables the provider to have access to vulnerable persons in the course of his/her normal duties. Your answer to the following question should therefore include 'spent' duties.

Have you ever been convicted of a criminal offence? Y N

I undertake to inform Austin Dean Recruitment should I be convicted of an offence in the future. Y N

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

The DOH Circular (88, 19), Protection of Children, requires that any professional with access to Children must not be/have been a named person on the Protection Of Children Act List 99 Register.

Have you ever been included on the POCAL99 Register? Y N

Please confirm that you have received, read and understood the Staff Handbook and the Terms of Contract as issued to you by Austin Dean Recruitment.

I have read the staff handbook and Terms of Contract Y N

Data Protection Statement

Austin Dean Recruitment provides work-finding services to its clients and work-seekers. We must process personal data (including sensitive personal data) so that we can provide these services – in doing so, we act as a data controller. This is why we have asked for your personal data on this form. When we process your personal data we must do so in accordance with data protection laws. Those laws require us to give you a Privacy Statement to explain how we manage your personal data. [Please see our Handbook which we will give to you separately.]

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Austin Dean Recruitment be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

Declarations

I declare that the information given in this document is true and complete and is not presented in any way to mislead. I am not aware of any condition, medical or otherwise, which could affect or limit my employment or performance.

I agree that if I have or in the future give false or misleading information, that this may result in termination without notice. I acknowledged that I have been given and agree to the current Terms of Contract issued by Austin Dean Recruitment.

I agree that Austin Dean Recruitment retains the right to hold this application and any other data required to process it and to pass to any authorised third party the details held within. Also, to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Print name
Signature
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>