



# REGISTRATION FORM

## Personal Details

Title: Forename: Surname: Gender M / F

Current Address:

Post Code: Telephone Number:

Postal/Permanent Address (As logged with GMC Register):

Post Code: Telephone Number:

Mobile: Email:

Date of Birth: National Insurance Number:

Next of Kin: Emergency Contact Number: Relationship:

Name of Bank or Building Society:

Address:

Name of Account Holder:

Account Number: Sort Code:

GMC Number:

I declare that I will make, and keep JCJ informed of such, all the necessary arrangements to remain on the License to Practice Register of the GMC.

Signed: Date: / /

## Availability & Specialty

Grade: Specialty:

Full Time: Part Time:

Do you hold an ionising radiation certificate? No  Yes  If yes, please submit a copy with this form.

## Career Aspirations

Please give brief details of your planned career path for the coming five years:

**Please Complete All Sections**



## REGISTRATION FORM CONTINUED

### Criminal Convictions / Fitness to Practice:

PLEASE ANSWER **YES** OR **NO**

Have you been convicted of a criminal offence, been bound over or cautioned, or are you currently the subject of a police investigation, which might lead to a conviction, an order binding you over, or a conviction in the UK or any other country? Yes  No

If 'yes' please provide details of the criminal offence, the order binding you over; the caution or details of any current proceedings which might lead to a criminal conviction, an order binding you over or a caution, including approximate date, the offence, and the authority and country that dealt with the offence. If applicable, include details of "Spent Convictions" in a separate envelope addressed to The Manager marked 'Private & Confidential'.

**Note: Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (HSC2000/19). You are required to declare prosecution or convictions, including those considered 'spent' under this Act.**

Have you been or currently the subject to any 'Fitness to Practice' proceedings by an appropriate licensing or regulatory body in the UK or any other country? Yes  No

Have you been suspended from duty with any organisation or with the GMC? Yes  No

If you have answered 'yes' to either of the above, please provide details of the nature of the proceedings undertaken, or contemplated, including approximate date of the proceedings, country where proceedings were undertaken, and the name and address of the licensing or regulatory body concerned.

I declare that, if in the future, I am convicted of a criminal offence, bound over or cautioned, under investigation by the GMC, the subject of any 'Fitness to Practice' proceedings, or suspended from duty by any other employer or agency, I will inform JCJ immediately.

I am willing for JCJ Ltd to apply to the Criminal Records Bureau for 'Disclosure' and, if requested, forward confirmation of such to any hospital where I may be assigned.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Right To Work in the UK

What is your right to work in the UK? (please tick as appropriate)

- |   |   |
|---|---|
| <input type="checkbox"/> EU Citizen               | <input type="checkbox"/> Admitted in the UK as a Doctor before 1 April 1985 |
| <input type="checkbox"/> Spouse of EU Citizen     | <input type="checkbox"/> Work Permit      Expiry Date:                      |
| <input type="checkbox"/> Right of abode in the UK | <input type="checkbox"/> Permit-free Visa      Expiry Date:                 |

What is your nationality?

**Professional Indemnity:** We recommend that you take membership of a Medical Defence Organisation. If you are already a member please provide details of your membership. **Please forward a copy with your application.**

Defence Body: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Please Complete All Sections**



## REGISTRATION FORM CONTINUED

Are you on the Specialist Register Yes  No

If yes, I declare that I have made formal arrangements to be appraised regularly by a Medical Practitioner entered onto the Specialist Register and enclose a copy of my Letter of Entry.

### Qualifications: Please provide details of qualifications (please provide copies of certificates).

Basic: \_\_\_\_\_ Date: / / \_\_\_\_\_ Country: \_\_\_\_\_

Higher: \_\_\_\_\_ Date: / / \_\_\_\_\_ Country: \_\_\_\_\_

### Appraisals

As required by the NHS, please detail below the formal arrangements you have made to be regularly appraised by a medical practitioner entered in the Specialist Register. In the case of General Practitioners, the appraiser must be (or qualified to be) a GP Principal.

Name of Appraiser \_\_\_\_\_

Date of Last Appraisal \_\_\_\_\_ Date of Next Appraisal \_\_\_\_\_

### Professional Development Requirements

Have you ever had initial training, in the following:

Fire and Safety Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

RIDDOR; Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

Health and Safety (the requirements of the 1974 and 199 Acts) Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

Infection Control Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

Moving and Handling: Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

Complaints Handling Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

COSHH: Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

Risk Incident Reporting Yes  No  Date: \_\_\_/\_\_\_/\_\_\_

Where you have answered yes, please give dates of the training, or the dates of your most recent update received, and provide copies of your certificates.

### Referees: Please provide details of three referees two of which must be from your most recent engagements held and one to support the grade and specialty you wish to work at.

All references supplied must be from a supervising consultant with whom you have worked within the last 12/18 months and support the grade and specialty you wish to work at.

1. Title: \_\_\_\_\_ Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Hospital: \_\_\_\_\_

2. Title: \_\_\_\_\_ Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Hospital: \_\_\_\_\_

3. Title: \_\_\_\_\_ Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Hospital: \_\_\_\_\_

**Please Complete All Sections**



## REGISTRATION FORM CONTINUED

### Doctors Declaration

Please sign all sections of this document \*delete as applicable

1. I understand I will be asked to sign a form declaring my good health and GMC Status at the start of every assignment
2. I declare that the information provided above is true and correct
3. I have read and agree to the Terms and Conditions
4. I enclose a completed pre-employment health questionnaire and equal opportunities form.

Signed: \_\_\_\_\_ Date:    /    /

### Entitlement To Work In The UK

I have Home Office and Department of Employment entitlement to work through an agency in the UK. I declare that I know of no reasons that prevent me from accepting agency locum assignments that are appropriate to my current entitlement to work in the UK.

Signed: \_\_\_\_\_ Date:    /    /

### Working Time

Regulation 5 of the Working Time Regulations 1998 requires that a worker's average working time must not exceed 48 hours per week unless the worker agrees in writing to exceed the limit.

If you are prepared to work more than 48 hours per week, please sign below in order that we may lawfully employ you even if your hours exceed this.

### I agree to opt out of Regulation 5 of the Working Time Regulations 1998

Signed: \_\_\_\_\_ Date:    /    /

Please note that JCJ may at its discretion change the format and wording of any CV provided by you to put it in a form that is acceptable to trusts and hospitals. If you do not agree to JCJ altering your CV in this way, please tick this box

- I will comply with the Department of Health guidelines ; HIV/AIDS ; MRSA ; HEP 'B'/'C' (HSC 2000/20)
- I will comply with all NHS regulations currently in place including regular health screening : data protection compliance/confidentiality, discrimination law and the Health and Safety at Work Act 1974
- I will act only on the instruction/direction of authorised/appropriate NHS Trust/Health Authority personnel
- I am willing, at the request of NHS Trusts, to work over the Working Time Regulations guidelines
- I accept and will abide fully by the Terms of Engagement of JCJ Ltd
- I will notify JCJ Ltd IMMEDIATELY of changes to any of the above information.

**Signed:** \_\_\_\_\_ **Date:**    /    /

**Print Full Name:** \_\_\_\_\_ **DOB:**    /    /

