

GENERAL PRACTITIONER APPLICATION FORM



Please make sure you

- Answer all the questions on this form
- Send us all the documents we ask for
- Complete this form in CAPITAL letters
- Use black ink

A. YOUR PERSONAL DETAILS

Title (MRS, MISS, MS, MR or other title)

Surname or family name

First name

Name preferred to be known by

Middle name

All other surnames or family names (including maiden name)

Address (including postcode)

Postcode

Daytime phone number

Mobile number

E-mail address

Do you hold a current full UK driving licence?

YES

NO

B. YOUR PROFESSIONAL DETAILS

GMC/GDC number

GMC/GDC expiry date

/ /

Part(s) of register:

C. YOUR PASSPORT DETAILS

National insurance number

Date of birth

/ /

Your nationality

Please tell us about your eligibility to work in the UK

I am eligible to work in the UK and do not require a work permit

I am already in possession of a work permit to work in the UK

I need to obtain a work permit to work in the UK

If other please specify

D. YOUR PROFESSIONAL CONDUCT

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

YES NO

If "YES" please supply details:

E. 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 197 applies. 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 supply details:

F. YOUR BANK ACCOUNT DETAILS

We pay your wages directly into a bank account.

Name of bank Branch name

Account holder name

Address

Postcode

Sort code Account number UTR Number (if applicable)

Read all the following statements carefully and tick the one box that applies to you.

I wish to be paid through a Ltd. Company and enclose details.
(You will be paid as P.A.Y.E until you provide all your documentation to Retro healthcare)

I am on P.A.Y.E (Please enclose P45 if we are your main employer).

I am self-employed (please provide UTR no.)

Read all the following statements carefully and tick the one box that applies to you.

A. This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

B. This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit I do not receive a state or occupational pension.

C. I have another job or receive a state or occupational pension

G. YOUR NEXT OF KIN DETAILS

Name

Relationship to you

Address (including postcode)

Postcode

Daytime phone number

Mobile number

H. YOUR REFERENCE DETAILS

- Please supply the names and work addresses of at least 2 Doctors as referees.
- One must be from your present or most recent employer and must be a senior grade to yourself.
- You must have worked for that person for a period of more than three months duration.
- All references must relate to employment over the last 3 years.
- If you have left a job with children or vulnerable adults, legally a reason must be give why.

May we contact your referees prior to an interview?

YES

NO

Reference 1

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax number

Mobile number

Beeper number

E-mail address

In what capacity has this person known you?

Start Date (mm/yy)

End Date (mm/yy)

To Date

Reference 2

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax number

Mobile number

Beeper number

E-mail address

In what capacity has this person known you?

Start Date (mm/yy)

End Date (mm/yy)

To Date

I. LICENSING AND REVALIDATION

In preparation for “Licence to Practice” and “Revalidation” (more info www.gmc-uk.org) the NHS have requested that we ask all Doctors to provide us with the following:

Have you had an appraisal in the last 12 months? YES NO

The date of your last appraisal

The name of the Appraiser who undertook, or who will undertake, your annual appraisal. The Appraiser must be a Specialist on the GMC's List of Registered Medical Practitioners. GMC#:

The date of your next appraisal

The date of your last Revalidation

The name of the person who undertook your Revalidation

The date of your next Revalidation

J. WORK HEALTH ASSESSMENT

Please tick one of following two statements that apply to you:

A. I am not aware that i have a health condition or disability that might impair my ability to undertake effectively the duties of the position that I have been offered.

B. I do have a health condition or disability that might affect my work and may require special adjustments to my work or my place of work.

If you have ticked Statement B we will refer you to our Occupational Health Specialist who will assess your health condition or disability accordingly.

I hereby sign to confirm that I have completed this Work Health Assessment truthfully and to the best of my knowledge:

Print Name:

Sign:

Date:

K. YOUR DECLARATIONS

1. HEPATITIS B

I have been advised at the registration of ce of the importance of having the Hepatitis B vaccine.

I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity.

I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.

Signed

Date

2. TERMS & CONDITIONS

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 understand that my registration is subject to the receipt of at least two satisfactory references and an enhanced disclosure from the Disclosure and Barring Service (DBS).

I undertake to inform Team24 should I be convicted of an offence in the future.

I undertake to inform Team24 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.

I am clear that Team24 cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I have read, understood and agree to the conditions of work for temporary nurses, of which I have been given a copy.

Signed

Date

3. INDUCTION

I have received a copy of the Induction information letter and can confirm that I have received, read, understood and will comply with the Agency Worker Handbook at all times. I am aware that the latest version of the Handbook is available on our website.

Signed

Date

4. WORKING TIME REGULATIONS

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 Team24 not less than three months' notice. I understand that my registration with Team24 can be terminated at any time following unsatisfactory work reports.

I consent to work

I do not consent to work

Signed

Date

K. YOUR DECLARATIONS (CONTINUED)

5. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed

Date

6. DATA PROTECTION

I agree that Team24 retain the right to hold this application and any other data required to process it and to pass on 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.

Signed

Date

7. RESPONSIBILITY OF COMPLIANCE

Many of your compliance items need to be reviewed annually. It is your responsibility to ensure that your file is in date at all times. If any of your compliance items lapse, it may cause the suspension and/or termination of your placement.

Signed

Date
