

BANKING DETAILS

Bank Name:

Bank Address:

.....

Account Name:

Account Number: Sort Code:

WORKING WITH US AND PAYMENTS

- Any payments made to you shall be made directly into your bank account via the BACS on a weekly basis.
- These payments will be made to the above account unless otherwise specified, in writing.

PROFESSIONAL DETAILS

GMC Number: Date of Registration:

Specialist Reg (if applicable): Date of entry on Register:

Eligibility for grade (SPR & Consultant)

Completion of Training Certificate(Consultants): Certificate Number:

Date Issued:

National Training Number (SPR): Certificate Number:.....

Date Issued:

Previous Middle Grade experience(SPR): Certificate Number:

Date Issued:

Exempt: Issuing Body:

Date Issued:

Other (eg EU Training etc)Details:

.....

Appraisals

Appraising Body: Status:

Date of last appraisal: Name of appraiser:

Professional Indemnity

Indemnifying Body: Membership Number:

Expiry: Level of cover:

QUALIFICATIONS

Qualifying Degree: Date of Award:

Institution:

Other Professional Qualifications (eg ALS, DRCOG, MRCP etc):

Name: Date of Award:

Institution:

Name: Date of Award:

Institution:

Name: Date of Award:

Institution:

Others (if necessary, please list use a separate sheet):

BLS OR HIGHER CERTIFICATION (most recent)

Certification: Date of Award:

Institution:

FITNESS TO PRACTICE

Have you ever been the subject of a professional conduct/competence enquiry? Yes _ No

Are you aware of any professional conduct/ competence enquiries being considered against you?

Yes _ No

If you have answered Yes to either question above, please provide details here:

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.....

YOU AS A LOCUM

What sort of work are you looking for (tick all that apply)

Locum, Weekday Locum, Weekend Substantive

When are you available from? Now / ASAP From (date)

What grades would you like to work as (in order of preference)?

Grade 1:

Grade 2:

Grade 3:

What specialities would you prefer to work in (in order of preference)?

Speciality 1:

Speciality 2:

Speciality 3:

Where (geographical region) would you like to work in order of preference?

Area 1:

Area 2:

Area 3:

In addition to English, do you speak any other languages? Yes No

If yes, please let us know which ones and your proficiency (1 = Basic, 5 = Native)

Language	Proficiency	Language	Proficiency
.....
.....
.....
.....
.....

REFEREES

Please let us have the names of three people who know you professionally and who would be able to comment on your practice. One of these must be your last substantive employer/ long term locum (if applicable). Normally, referees who have not worked with you in the last two years are not acceptable.

Referee 1

Name:

Relationship:

Address:

.....

Postcode: Email:

Telephone: Fax:

Referee 2

Name:

Relationship:

Address:

.....

Postcode: Email:

Telephone: Fax:

Referee 3

Name:

Relationship:

Address:

.....

Postcode: Email:

Telephone: Fax:

REHABILITATION OF OFFENDERS

Because of the nature of Medical Locums, these positions are exempt from the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). You are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. If you have had any criminal convictions (barring minor traffic offences), please provide details on a separate sheet and tick here . _

In the event of engagement, any failure to disclose any convictions will result in immediate termination of the contract with further referral to the appropriate overseeing bodies. Any information given will be completely confidential and will be considered only in relation to positions in which the Order applies. A criminal record will not necessarily be a bar to obtaining a position.

CRB

Have you had a CRB Enhanced Disclosure conducted within the last 6 months (if yes please enclose a copy)? _ Yes _ No

If no, date of last CRB:

While in the past we were able to rely on your existing CRB and use the "portability" facility offered by Disclosure UK, we now cannot do so. Not only have Disclosure UK withdrawn the "Portability" service, but also the latest guidelines recommend that every doctor undergo an enhanced CRB as a part of the registration process regardless of any pre-existing Disclosures. We appreciate that you may wish to register with more than one agency and as such having to pay every agency the cost of a CRB check can be very expensive. As a result, we provide a FREE CRB check. However to protect our interests, and to avoid the unfortunate circumstance of doctors registering but never being "available" we ask that you pay the cost of the check (Disclosure UK charges only) at registration. This will be refunded in full after you undertake 40hrs work through us. CRB forms are numbered so we cannot put a generic form on the web. On receipt of your application, we will send you your user ID and password that will allow you to complete your CRB form online after which we will send it out for you to sign.

Costs

When returning the signed CRB form, please enclose a cheque for £36.00 payable to "pure medical", with your name written on the back of the cheque. This will be refunded to you on completion of 40hours work with us. Please do not enclose a cheque with this form. You only need to do this when returning your CRB form.

RIGHT TO WORK IN THE UK (NOT APPLICABLE TO EU NATIONALS)

Immigration Status:

Passport Number: Expiry:

Visa Number: Expiry:

Special Conditions:

Copy of visa: Enclosed To follow

We cannot offer you work without this.

DECLARATION

By signing below, you confirm that the information that you have provided in this form is complete and true. You also confirm that you consent to us checking the details provided in support of this application against various data sources in order to verify your qualifications and experience. These details may be recorded and used to assist other organisations for feedback and appraisal purposes.

Name: GMC No:

Signature: Date:

INTERVIEW

In keeping with current best practice and NHS PASA & NHS Employer guidelines, we are required to interview you in person, verify your identity and take photographs for your ID badge. You can either call into the office to have this done any time between 09:00 and 17.00, Monday to Friday (please call in advance to arrange a time). If you cannot come down to the office, it may be possible for a member of our team to meet with you. If you prefer this option, please get in touch with our team to arrange something convenient.

REFERRALS

How did you hear about us?

If referred, please let us know who referred you;

.....

REFER A FRIEND

All you have to do is let us know who you think may be interested in working with us. Once they register and work 40 hrs, we pay you your referral bonus of £100. Please let us know who you think we should get in touch with;

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

Name: Grade/Spec: Contact No:.....

ATTACHMENTS

To enable us to process your application as soon as possible, please enclose copies of the following documents when returning the form (if you have not already done so):

Up to Date CV
GMC Certificate
Degree Diploma & Membership Certificates
Proof of Vocational Certification e.g. CCST
Proof of Indemnity (if held)
Signed Terms of Engagement
Photo ID
Existing CRB Disclosure
2 x Proof of Address
Details of 3 referees
Copy of last appraisal (if available)
Evidence of Basic or Advanced Life Support

OCCUPATIONAL HEALTH

Completed and Signed Occupational Health Questionnaire
Evidence of Hepatitis B > 100 Iu/l
Signed BCG sighting
Proof of immunity to Measles, Mumps, Rubella and Varicella

IF YOU REQUIRE AN EXPOSURE PRONE PROCEDURE (EPP) OCCUPATIONAL HEALTH WORK CERTIFICATE THEN PLEASE SUPPLY THE FOLLOWING ADDITIONAL EVIDENCE

Hepatitis B Surface Antigen (negative Result)
Hepatitis C (negative result)
HIV (negative result)

Please return this form with supporting documentation to:

**Pure Medical Healthcare Solutions
41 Whitcomb Street
London
WC2H 7DT**

Fax: 0845 077 1091

Email: info@puremedical.com