

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

1: PERSONAL DETAILS

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

Marital Status

Surname

First Name

Middle Name

Name preferred to be known by

All other surnames or family names (including maiden name)

Address (including postcode)

Postcode

Daytime phone number

Mobile number

Email address

Do you hold a current full UK driving licence? YES

NO

2: YOUR NEXT OF KIN DETAILS

Name

Relationship to you

Address (including postcode)

Postcode

Daytime phone number

Mobile number

3: RIGHT TO WORK

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:

MEDICAL LOCUMS APPLICATION FORM



4: PROFESSIONAL DETAILS

GMC Number:	Date of Registration:	
Licence to Practice: YES NO	Vocational Certification:	
CCT:	Certificate Number:	Date Issued:
Other:	Issuing Body:	Date Issued:
Revalidation Date/Status:		

Performer's List Registration & Appraisal

NHS Where Registered: _____ in order to practice as a GP in the NHS, you must be registered with the Performer's List. This registration also sets out the framework for annual appraisals and revalidation.

Date of Last Appraisal: _____ Name of Appraiser: _____

Eligibility for grade (SpR & Consultant)

Completion of Training Certificate: (Consultants)	YES	NO	Certificate No:	Date Issued:
National Training Number (SpR)	YES	NO	Certificate No:	Date Issued:
Previous Middle Grade Experience: (SpR)	YES	NO	Certificate No:	Date Issued:
Exemption:	YES	NO	Certificate No:	Date Issued:
Other (eg EU Training etc):	YES	NO	Issuing Body	Date of Exemption:

Details if Other: _____

5: QUALIFICATIONS

Qualifying Degree:	Date of award:
Institution:	

OTHER PROFESSIONAL QUALIFICATIONS (e.g. ALS, DRCOG, MRCGP etc):

Name:	Date of Award: / /	Copy attached	YES	NO
Name:	Date of Award: / /	Copy attached	YES	NO
Name:	Date of Award: / /	Copy attached	YES	NO

BLS OR HIGHER CERTIFICATION (ALS, ATLS, PALS etc)

Name:	Date of Award: / /	Copy attached	YES	NO
Name:	Date of Award: / /	Copy attached	YES	NO

6: FITNESS TO PRACTICE

Have you ever been the subject of a profession conduct/competence enquiry?	YES	NO
Are you aware of any professional conduct/competence enquiries being considered against you?	YES	NO

Please give further details on a separate form if you answered YES to either question above

7: PROFESSIONAL INDEMNITY

Indemnifying Body:	Membership Number:
Expiry:	No of Sessions:

8: LOCUM REQUIREMENTS

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

In Hours Extended Hours OOH Substantive Weekends Weekdays Evenings

When are you available from? Now/ASAP From:

Are there any areas that you prefer to work in? Please tick boxes below

East England East Midlands London North East England North West England
 South East England South West England West Cymru West Midlands Yorkshire and the Humber

9: REFERENCES

Please let us have the names of three people who know you professionally and who would be able to comment on your practice. Of these at least one 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. We require at least one UK referee.

Referee 1

Name: _____
 Relationship: _____
 Address: _____

 Postcode: _____
 Telephone: _____ Fax: _____
 Email: _____

Referee 2

Name: _____
 Relationship: _____
 Address: _____

 Postcode: _____
 Telephone: _____ Fax: _____
 Email: _____

Referee 3

Name: _____
 Relationship: _____
 Address: _____

 Postcode: _____
 Telephone: _____ Fax: _____
 Email: _____

10: CONFIDENTIALITY DECLARATION

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date

11: REHABILITATION OF OFFENDERS ACT

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions I have convictions (see Note below)

Please ✓ as appropriate

Note: (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

12: DBS CHECK

Have you had a DBS Enhanced Check conducted in the last 2 years?	YES	NO
Are you registered with the DBS Update service?	YES	NO

Please enclose a copy of your last check and if applicable, authorise us to verify your DBS Update Status. If your current Check is more than 2 years old we will need to organise one for you. Please call a member of our team on 0345 548 3300 to get this underway.

We are also required to verify your ID as a part of the registration process, This can either be done in person at our offices or alternatively, by you providing us with certified copies of the documents listed below. **We cannot process your application without these so please look through this list carefully.**

13: PERSONAL DECLARATION

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed

Date

14: WORKING TIME REGULATIONS

FOR THE PURPOSE OF THE Working Time Regulations 1998 (as amended). I consent to work in excess of an average 48 hours per week. I understand that I may withdraw the consent by giving Acerta24 not less than three months' notice. I understand that my registration with Acerta24 can be terminated at any time following unsatisfactory work reports.

I consent to work I do not consent to work

Signed

Date

LOCUM REQUIREMENTS

Please tick what areas you have experience in

Anaesthesia	Ophthalmology
General Practice	Paediatrics and Child Health
Dermatology	Histopathology
Endocrinology and Diabetes	Psychiatry
Gastroenterology	Radiology
Intensive Care Medicine	General Surgery
Neurology	Urology
Renal Medicine	Clinical Oncology
Respiratory	Medical Oncology
Obstetrics and Gynaecology	

DECLARATION & FINAL CHECK LIST

To enable us to process your application as soon as possible, please send us copies of the following documents when returning this form:

GMC Certificate	Up to date CV
Licence to Practice Letter	Signed BCG Sighting/MMr
Proof of Vocational Certification	Immunisation Records and Titre Results
Proof of Indemnity	Details of Specialist Clinics you can conduct & Proof of Training
Degree, Diploma and Membership Certificates	Passport Photograph
Existing DBS/CRB Enhanced Disclosure	2 x Proof of Address
Photo ID	Completed Health Questionnaire - OH form
Training Certificates for:	Infection Control
Moving & Handling	Handling of Violence & Aggression
Health & Safety inc COSHH/RIDDOR/FIRE	Complaints Handling
Caldicott Procedures/Information Governance	BLS & ALS/ATLS (or as appropriate for your speciality)
Lone Worker Training	