

## Registration Form

Personal Information										
Title:		First Name:		Last Name:						
D.O.B:		National Insurance Number:								
Have you been known by any other names:										
<i>Names should be in full, in print as appearing on the proof of ID supplied</i>										
Current Address:								Postcode:		
Permanent Address: <i>(if different from above)</i>								Postcode:		
Home Tel No:					Work Tel No:					
Mobile No:					Email:					
Next of Kin Name:					Relationship:					
Address: <i>(if different from above)</i>								Postcode:		
Contact No:										
Have you ever worked for Global Medics before?							Yes	No		
Right to Work in the UK										
I can confirm that I am entitled to work in the UK and will provide Global Medics with the relevant original documents in accordance with the Asylum and Immigration Act (1997).								<i>Please tick</i>		
Professional Registration										
Type: <i>(please tick as appropriate)</i>	GMC		GDC		HCPC		Other			
Professional Registration Number:				Expiry Date:	DD	MM	YYYY			
Are you on the Specialist Register? (Doctors only) <i>(please tick as appropriate)</i>	Yes	No	Full		Limited		Provisional Registration			
Do you have any restrictions against your professional registration? <i>(please tick as appropriate)</i>	Yes	No	If 'Yes', please provide further information:							
Appraisal & Revalidation - Doctors										
<b>GMC Revalidation Details Required:</b> All licenced Doctors should now have a connection with one organisation that will provide them with a regular appraisal and help them with revalidation. The organisation is called a 'designated body'. This organisation will also have a Responsible Officer responsible for the revalidation process. This can be found on your GMC online account.										
<b>GMC Appraisal Details Required:</b> Please supply the details of your last appraisal and any planned appraisal, conducted by an appropriately trained medical professional.										
Please state the name of your designated body:										
Name of Responsible Officer (RO):										
Date of Last Revalidation:	DD	MM	YYYY	Date of Next Revalidation:	DD	MM	YYYY			
Date of Last Appraisal:	DD	MM	YYYY	Full Name of Appraiser:						
Appraisers GMC Number:				Contact Telephone Number:						
Date of Next Appraisal: <i>(if known)</i>	DD	MM	YYYY							

## Appraisal Details

All Healthcare Workers are required to have an annual appraisal. Please give dates of last and next appraisal.

Date of Last Appraisal:	DD	MM	YYYY	Date of Next Appraisal:	DD	MM	YYYY
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## Indemnity Insurance

The NHS Clinical Negligence Scheme pays only for cases of medical negligence that arise in NHS hospitals. It does not provide support in a variety of other situations, including criminal cases, GMC or disciplinary proceedings and good Samaritan acts.

There are positions which you may be offered, for which Professional Indemnity is mandatory. In all cases, we strongly recommend Doctors take out and maintain Medical Insurance.

Do you currently hold Professional Indemnity Insurance? <i>(please tick as appropriate)</i>	Yes	No
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Insurance Provider:		Policy End Date:	DD	MM	YYYY
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## Fitness To Practice

Have you been, or are you currently subject to, any fitness to practice proceeding by an appropriate licensing or regulatory body in the UK or any other country? <i>(please tick as appropriate)</i>	Yes	No
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Are you aware of any referrals made to an appropriate licensing or regulatory body in the UK or any other country? <i>(please tick as appropriate)</i>	Yes	No
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If **'Yes'**, please provide details below of the nature of the proceedings undertaken, or contemplated, including approximate date of proceeding country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

## Suspension

Have you ever been suspended from your placement of employment? <i>(please tick as appropriate)</i>	Yes	No	If <b>'Yes'</b> , please provide further information:
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## Rehabilitation of Offenders Act 1974

Applicants for healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions (whether or not convicted) or convictions (even if 'spent' under this Act).

Have you been convicted of a criminal offence, been bound over, cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution in the UK or any other country? <i>(please tick as appropriate)</i>	Yes	No
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If **'Yes'**, please provide details of the criminal offence, order binding you over, or caution, including approximate date, the offence and the authority and country which dealt with the offence.

### Criminal Records Checks

All public and private organisations request that an Enhanced Disclosure, PVG membership or Access NI check be obtained for all healthcare personnel, acquired from the relevant service. Please note that we have a duty to refer applicants to the relevant service where applicable, in order to comply with our obligations under The Safeguarding Vulnerable Groups Act Protecting Act (SVGA) 2006 and Vulnerable Groups (Scotland) Act 2007, Vulnerable Group (Northern Ireland) Order 2007. We will need to see an original copy of your DBS, PVG or Access NI certificate.

Are you already registered with the DBS Update Service? <i>(please tick as appropriate)</i>		Yes	No		
If 'Yes', do you give permission for Global Medics to conduct status checks? <i>(please tick as appropriate)</i>		Yes	No		
Signature:		Date:	DD	MM	YYYY

### Overseas Police Check

If you have spent a continuous or accumulative period of 3 months or more living or working overseas in the last 10 years, please detail below:

Date from:	DD MM YYYY	Date to:	DD MM YYYY	Location:	
Date from:	DD MM YYYY	Date to:	DD MM YYYY	Location:	
Date from:	DD MM YYYY	Date to:	DD MM YYYY	Location:	
Date from:	DD MM YYYY	Date to:	DD MM YYYY	Location:	

I have not lived outside of the UK in the last 10 years:

### Working Time Regulations

The Working Time Regulations 1998 ("The Regulations") require Global Medics to limit your average weekly working time unless you agree with Global Medics that the limit shall not apply to your contract with us.

The 48hr time limit will not apply to you. *(Please tick if you do not want the 48hr time limit to apply to you)*

Either party may terminate the agreement (so that the time limit will apply to you) by giving the person at Global Medics to whom you usually report four weeks written notice. Unless it is terminated in this way, the agreement shall remain in force until your contract with us terminates. Under the regulations, Global Medics must keep records relating to your working time. This is the case whether or not you reach an agreement with Global Medics about waiting time limits.

Please sign below to confirm you agree that this time limit on your working hours will not apply to your contract with Global Medics and that your average working week, may therefore, exceed 48 hours in any given period.

Signature:		Date:	DD	MM	YYYY
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### Professional Reference Guidance

Your references are required to cover the last 3 years work history. The referee must be senior to yourself and this will need to match your employment history.

If you have not worked at the same employment for the last 3 years this may equate to several references. Other referees are needed to complete the 3 year period. Additional referees can be provided by email where required.

Name of Referee:		Name of Referee:			
Position of Referee:		Position of Referee:			
Grade/Band/Specialism of Referee:		Grade/Band/Specialism of Referee:			
Hospital/Unit Name:		Hospital/Unit Name:			
Trust/Organisation Name:		Trust/Organisation Name:			
Ward Name:		Ward Name:			
Address:		Address:			
Postcode:		Postcode:			
Referee Tel No:		Referee Tel No:			
Referee Email:		Referee Email:			
Work Referee Email:		Work Referee Email:			
Period worked with this person:	From: DD/MM/YY	To: DD/MM/YY	Period worked with this person:	From: DD/MM/YY	To: DD/MM/YY
Grade and Specialty you worked at:		Grade and Specialty you worked at:			
Do we have your permission to request these references?				Yes	No

## Declaration

I confirm that I have read this document fully and that all the information given to Global Medics is correct to the best of my knowledge and belief. I am aware of the need to protect patients and myself and agree to notify Global Medics should my circumstances alter.

I can confirm that I will abide by all terms of my NHS (or other employer's) contract, where applicable when working with Global Medics.

I give permission for any information or documents supplied by me to be used to secure a position with Global Medics on my behalf.

I have read, understood and accept the information contained within the Staff Handbook located at:

<https://www.globalmedics.com/-/media/global-medics/downloads/doctors-handbook.pdf>

I have read and agree to adhere to the Global Medics Term of Engagement located at:

<https://www.globalmedics.com/-/media/global-medics/downloads/uk/compliance/f0602candidatetermsofengagement.pdf>

Please ensure your signature matches the signature on your proof of ID (e.g. Passport)

Name:		Signature:		Date:	
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## What happens next?

