



REGISTRATION FORM

Please complete all details clearly in BLOCK CAPITALS and return to us as soon as possible. Our Terms & Conditions of Employment are supplied for your retention. Acceptance of a post through Locum Link confirms acceptance of our Terms & Conditions of Employment.

PERSONAL

Surname _____ Maiden Name _____

Full Name _____ Title _____

(Names should be in full, in print, as appearing on GMC registration and passport)

Postal Address _____

_____ Postcode _____

Hospital Name _____ Hospital No. _____

Home Tel No _____ Bleep/Ext No. _____

Mobile No _____ Date of Birth _____

email address _____ National Insurance No. _____

GMC Number _____ Full / APS* Renewal date _____

NTN/VNTN Number if on SpR Training _____ Are you on the specialist register? YES/NO*

RIGHT TO WORK IN THE UK

I confirm I am entitled to work in the UK on the following basis:

	(please tick)	Expiry date
European Economic Area (EEA) National/Citizen	<input type="checkbox"/>	_____
Spouse of EEA National/Citizen	<input type="checkbox"/>	_____
Highly Skilled Migrant Programme	<input type="checkbox"/>	_____
Spouse of Highly Skill Migrant Programme	<input type="checkbox"/>	_____
UK Work Permit – Please specify Tier	<input type="checkbox"/>	_____
Spouse of UK Work Permit Holder / HSMP	<input type="checkbox"/>	_____

Other: _____

(You must enclose copies of supporting documentation)



CRIMINAL CONVICTIONS

Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, applicants for locum medical posts are not entitled to withhold information about convictions which for other purposes are 'spent'. You are thus bound to inform Locum Link in writing of any convictions for criminal offences past and in the future.

Do you have any criminal convictions and/or cautions:
If YES, please provide brief details on a separate sheet of paper

YES **NO**

PROFESSIONAL MISCONDUCT

Have you ever been or are you the subject of any professional misconduct proceedings?

YES **NO**

If yes, please provide brief details on a separate sheet of paper.

PROFESSIONAL INDEMNITY

We recommend membership of a medical defence organisation. If you are already a member, please indicate which organisation and state policy number:

*Delete as appropriate

MPS/MDU/Other* _____

Policy Number: _____ Renewal date: _____



LOCUM WORK

Grade	
Consultant	
SpR / Reg	
Staff Grade	
ST3+	
ST2	
ST1	
FY2	
FY1	

Speciality		
Emergency Medicine		Obstetrics & Gynae.
Surgery		Paediatrics
Orthopaedics		Geriatrics
Medicine		Psychiatry
Anaesthetics		Dermatology
E.N.T.		Oncology
Paediatric Surgery		Cardiology
Neonates		Haematology

Any other comments :

CONFIDENTIALITY

Information concerning patients, their treatment and their affairs is strictly confidential and must not be disclosed to any unauthorised persons. The confidentiality of employer/client must be maintained. You are reminded that any breach of confidentiality will result in the termination of your engagement with the employer/client and could result in civil action for damages.

GENERAL MEDICAL COUNCIL'S PERFORMANCE MONITORING PROCESS

I confirm that I am aware of the GMC's Good Monitoring Practice (2006)

WORKING TIME DIRECTIVE

The Working Time Directive (August 2004) now requires that a doctor's average working time must not exceed 48 hours per week unless the doctor agrees in writing to exceed the limit.

Please sign the below Opt Out Agreement

I agree that I may work for more than an average of 48 hours per week. I if change my mind I will give one month's notice in writing to end this agreement.

Signed _____ Date _____

BLOOD TRANSFUSION PROCESS

Do you hold a Level 1 Competency Assessment Certificate of Achievement?

YES NO

If not, please see enclosed Right Patient Right Blood Documentation.



POLICE CHECKS

Hospitals in Northern Ireland require Doctors to have Police Clearance before commencing employment. Please state which type of Clearance you hold:

Access NI Disclosure Number _____ Date of Issue _____

Garda Disclosure Number _____ Date of Issue _____

CRB Disclosure Number _____ Date of Issue _____

Other Disclosure Number _____ Date of Issue _____



If you do not hold a Police Check, please complete the enclosed Access NI Application form.

PAYMENT DETAILS

How do you wish to be paid? PAYE As a contractor

PAYE

Bank/Building Society Name _____

Account Holders Name _____

Account No. _____ Sort Code _____

Contractor

Limited Company Name _____

Contact telephone number _____

DECLARATION

Please read carefully the GMC's Guidelines regarding serious communicable diseases and Locum Link's Terms & Conditions of Employment and sign the declaration below.

I confirm I have read this document fully and that all the information given to Locum Link is correct. I will notify Locum Link should any information alter.

I understand and agree to the Terms & Conditions of Employment provided by Locum Link.

I will comply with all NHS regulations currently in place.


I will comply with the Department of Health Guidelines currently in place.

I enclose a copy of my Police Check or completed Access NI application form and understand that if requested, Locum Link will forward such confirmation to any Hospital where I am assigned.

I enclose two of my most recent references or names of referees.

I enclose 2 up-to-date passport size photographs.



I enclose all supporting documentation where necessary. The symbol  appears throughout this form where associated documents are required.

Name _____ (BLOCK CAPITALS)

Signed _____ Date _____