

Appendix 1

Application to Join the Registrar Doctors List

Please enclose copies of documents where indicated. Failure to do so will delay your application.

GP registrars working for IC24 are required to sign our GP Service Agreement, and to accept that the offer of work is at the discretion of IC24 and in accordance with our rota and membership policy and does not imply any employment relationship.

GP registrars should be aware that the work of all clinicians is audited, and in occasional instances of sustained poor performance or poor teamwork, after discussion, Registrars will not be offered further shifts. Registrars should also be aware that in some exceptional circumstances the Medical Director team of IC24 may inform the Medical Director of the appropriate LAT, and in extreme circumstances the GMC, of any concerns that may arise from your work with us. Completion and submission of this form indicates acceptance by you of these conditions.

APPLICATION FORM					
Personal Details					
Surname	<input style="width: 100%;" type="text"/>	Forename(s)	<input style="width: 100%;" type="text"/>	DOB	<input style="width: 100%;" type="text"/>
Home Address					
House Name/No.	<input style="width: 100%;" type="text"/>	Street	<input style="width: 100%;" type="text"/>		
City	<input style="width: 100%;" type="text"/>	County	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>
Contact Details					
Home Tel No.	<input style="width: 100%;" type="text"/>		Mobile Tel No.	<input style="width: 100%;" type="text"/>	
Nhs.net email	<input style="width: 100%;" type="text"/>		Personal email	<input style="width: 100%;" type="text"/>	
Education Details					
Primary Medical Qualification	<input style="width: 100%;" type="text"/>				
University / City / Country where obtained	<input style="width: 100%;" type="text"/>		Date obtained	<input style="width: 100%;" type="text"/>	

APPLICATION FORM

Registration Details

(Please enclose a copy of your Registration document)

GMC Reference Number

GMC printout attached?

Yes

No

Registration Details

Medical Defence Organisation and Number

Copy current certificate enclosed

Yes

No

Which Performers list are you on?

Please list any previous Performers Lists

Have you ever had your GMC registration or Performers List status qualified or suspended or restricted?

Yes

No

If Yes please give details:

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Date (approx..) of most recent CRB/DBS check, if non please confirm re criminal records

Criminal Record?

Yes

No

BLS and AED training date

Within last year?

Yes

No

Safeguarding level and date

Current Certificate?

Yes

No

Information Governance- we will ask you to do an on line module this year if you do not have a current certificate

Current certificate?

Yes

NO

APPLICATION FORM

Current Training Practice and Name of Trainer

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Additional Information

(continue on an additional page if necessary)

Are you aware of any outstanding or past disciplinary matters which may affect your ability to practice?

If YES please provide full details.

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Immunity Status – Please provide confirmation of immunity if you have it

Hep B status immune

Yes date

No

Unknown

Smartcard Number

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APPLICATION FORM

Undertaking

I confirm that the entries I have made on this application form are to the best of my knowledge and belief, true in all respects.

Signed.....

Date.....

PLEASE ALSO PROVIDE

- CV
- Copy of your Hep B status certificate
- Evidence to confirm your eligibility to work in the UK (e.g. copy of passport)
- Evidence of your National Insurance number (e.g. copy of P45 or NI card)
- Evidence of resuscitation training
- Copy of registration document
- Copy of CRB disclosure
- Copy of safeguarding training



Confidential Version 2.0

