Appendix 1
Expression of Interest 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.

GPs 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 circumstances the Medical Director team of SEHL may inform the Medical Director of the appropriate CCG, 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 |
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| --- | --- | --- | --- | --- |
| Personal Details |  |  |  |  |
| Surname  |  | Forename(s) |  | DOB |  |

|  |  |  |
| --- | --- | --- |
| Home Address |  |  |
| House Name/No. |  | Street |  |
| City |  | County |  | Postcode |  |

|  |  |  |
| --- | --- | --- |
| Contact Details |  |  |
| Home Tel No. |  | Mobile Tel No. |  |
| Nhs.net email |  | Personal email |  |

|  |  |  |
| --- | --- | --- |
| Education Details |  |  |
| Primary Medical Qualification |  |
| University / City / Country where obtained |  | Date obtained |  |

|  |  |
| --- | --- |
| Registration Details | (Please enclose a copy of your Registration document) |
| GMC Reference Number |  | Copy of Registration document enclosed? | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| Registration Details |  |  |
| Medical Defence Organisation name |  | Reference Number |  |
| 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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| DBS: Disclosure & Barring Service | (Please enclose a copy of your DBS Check document) |
| Date of Most recent DBS Check  |  | Copy enclosed? | **Yes** | **No** |

|  |  |
| --- | --- |
| 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 disciplinary matters which may affect your ability to practice? |
| **If YES please provide full details.**.................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

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| 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................................................ |
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| --- | --- |
| PLEASE ALSO PROVIDE |  |
| * CV
* 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 DBS disclosure
* Indemnity cover
* Performers list confirmation
* Safeguarding Children Training Level 3
* Safeguarding Adult Training
* Service Level Agreement
* Information Governance Training
* Hep B Status
* Prevent training
* Infection Control
 |
| Smartcard Number |  |
| Level of Training | **ST** |

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