

# Locum Doctor Application Form

Attach  
Passport  
Photo  
Here

Please complete application clearly in block capital letters

Specialism: \_\_\_\_\_ Your Location: \_\_\_\_\_

## Section 1: Personal Details

Title: Dr. \_\_\_\_\_

First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden/ Former Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

GMC Registration Number: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Next of Kin Contact Number (Day): \_\_\_\_\_

Next of Kin Contact Number (Night): \_\_\_\_\_

Next of Kin Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

**It is your responsibility to keep us updated with any changes to your next of kin details**

Are you a car driver?  Yes  No

Maximum distance you are happy to travel: \_\_\_ Hour(s) \_\_\_ Mins

## Section 2: Skills & Experience

Please complete the number of years' experience within each area, where applicable

A&E	___ yrs	Surgery – Urology	___ yrs
Acute Assessment Unit	___ yrs	Surgery – Neurosurgery	___ yrs
Anaesthetics	___ yrs	Surgery – Oral & Maxillofacial	___ yrs
Aviation medicine	___ yrs	Surgery – Paediatric	___ yrs
ITU/ICU/HDU/CCU	___ yrs	Surgery – Plastic Surgery	___ yrs
Marine medicine	___ yrs	Surgery – Trauma & Orthopaedics	___ yrs
Medical scientist	___ yrs	Psychiatry – Adult (GENERAL)	___ yrs
Medicine – Allergy	___ yrs	Psychiatry – Child & Adolescent	___ yrs
Medicine – Audiology	___ yrs	Psychiatry – Forensic	___ yrs
Medicine – Cardiology	___ yrs	Psychiatry – Learning Disability	___ yrs
Medicine – Clinical genetics	___ yrs	Psychiatry – Old Age	___ yrs
Medicine – Clinical	___ yrs	Psychiatry – Psychotherapy	___ yrs
Pharmacology and Therapeutics	___ yrs	Radiology – Clinical Oncology	___ yrs
Medicine – Dermatology	___ yrs	Radiology – Clinical Radiology	___ yrs
Medicine Elderly – Geriatric	___ yrs	Resident Medical Officer (RMO)	___ yrs
Medicine – Endocrinology & Diabetes Mellitus	___ yrs	Surgery – Cardiothoracic	___ yrs
Medicine – Gastroenterology	___ yrs	Surgery – ENT (Otolaryngology)	___ yrs
Medicine – General	___ yrs	Surgery – General	___ yrs
Medicine – Genito-Urinary Medicine (GUM)	___ yrs	Surgery – Neurosurgery	___ yrs
Medicine – Infectious Diseases	___ yrs	Surgery – Oral & Maxillofacial	___ yrs
Medicine – Medical Oncology	___ yrs	Surgery – Paediatric	___ yrs
Medicine – Neurology	___ yrs	Surgery – Plastic Surgery	___ yrs
Medicine – Neurophysiology	___ yrs	Surgery – Trauma & Orthopaedics	___ yrs
Medicine – Nuclear Medicine	___ yrs	Surgery – Urology	___ yrs
Medicine – Occupational	___ yrs	Medicine – Rheumatology	___ yrs
Medicine – Paediatric Cardiology	___ yrs	Mountain Medicine	___ yrs
Medicine – Palliative Care	___ yrs	Obstetrics and Gynaecology	___ yrs
Medicine – Pharmaceutical Medicine	___ yrs	Ophthalmology	___ yrs
Pharmacology and Therapeutics	___ yrs	Paediatrics – General	___ yrs
Medicine – Rehabilitation	___ yrs	Paediatrics – Neonates	___ yrs
Medicine – Renal (Nephrology)	___ yrs	Pathology – Chemical	___ yrs
Surgery – Cardiothoracic	___ yrs	Pathology – Clinical Cytogenetics	___ yrs
Surgery – ENT (Otolaryngology)	___ yrs	Pathology – Haematology	___ yrs
Surgery – General	___ yrs	Pathology – Histopathology	___ yrs
Surgery – Cardiothoracic	___ Yrs	Pathology – Immunology	___ yrs
Surgery – ENT (Otolaryngology)	___ Yrs	Pathology – Microbiology & Virology	___ yrs
Surgery – General	___ Yrs	Prison Work	___ yrs
Surgery – Neurosurgery	___ Yrs	Psychiatry – Adult (GENERAL)	___ yrs
Surgery – Oral & Maxillofacial	___ Yrs	Psychiatry – Child & Adolescent	___ yrs
Surgery – Paediatric	___ Yrs	Psychiatry – Forensic	___ yrs
Surgery – Plastic Surgery	___ Yrs	Psychiatry – Learning Disability	___ yrs
Surgery – Trauma & Orthopaedics	___ Yrs	Psychiatry – Old Age	___ yrs
Surgery – Urology	___ Yrs	Psychiatry – Psychotherapy	___ yrs
Resident Medical Officer (RMO)	___ Yrs	Radiology – Clinical Oncology	___ yrs
Other:	___ Yrs	Radiology – Clinical Radiology	___ yrs
Other:	___ Yrs	Other:	___ Yrs

### Section 3: Work History

Please state clearly details of the last 5 years work history.

You must state reasons for any breaks in-between employments. Please start with your most recently held position. Continue on a separate sheet if necessary. If you have an up to date CV, please tick refer to CV below.

Refer to CV

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From:  To:
Reason for leaving			

### Section 4: Preferred Shifts

Please indicate your work preferences by checking the relevant boxes:

Long Days
  Nights
  Early Shifts
  Late Shifts

### Section 5: Professional Indemnity & Medical Malpractice Self Declaration

It is the professional responsibility of each candidate to ensure that you have cover which is appropriate to your locum worker role and scope of practice and its risks.

If you have professional indemnity cover in place it must be relevant to the risks involved in your practice as an agency worker, so that it is reasonably sufficient in the event that a claim is successfully made against you.

You are not required to provide a copy of your documents for your indemnity/ medical malpractice arrangement when you self-declare.

We may undertake compliance checks, identification of failure to have the cover in place once you have ticked a self-declaration may result in action being taken.

I declare that I have appropriate professional indemnity in place to cover the entirety of my professional scope of practice. I understand that by ticking this declaration and failing to have the appropriate cover in place at all times would result in me being personally liable for any claims.

### Section 6: Limited Company / P.A.Y.E / Umbrella

I wish to be paid through my Limited company YES

I wish to be P.A.Y.E / Umbrella Company YES

I am registered with HMRC for self-assessment (copy of UTR number required) YES

Limited Company Name: \_\_\_\_\_

Company Number: \_\_\_\_\_

Unique Tax Payers Reference (UTR): \_\_\_\_\_

### Section 7: Professional References

Please provide the name and contact details of **two or more** references that we may contact which must be a professional healthcare related reference which can be for example; line manager / HR dept from a current and/or previous permanent work place or previous or current agency where work has been undertaken.

#### Clinical Reference 1:

Name: \_\_\_\_\_

Job Title/ Position: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Postcode: \_\_\_\_\_

Professional/ Work email address \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Clinical Reference 2:**

Name: \_\_\_\_\_

Job Title/ Position: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Postcode: \_\_\_\_\_

Professional/ Work email address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Section 8: Right to work**

Please tell us about your eligibility to work in the UK

I have a valid UK Passport

I have a valid Passport from an EU/ EEA member state or Switzerland

I am already in possession of a work permit to work in the UK

I need to obtain a work permit/ right to work for the UK

Other  Please specify: \_\_\_\_\_

**Section 9: DBS Disclosure and Convictions**

I have an enhanced CRB/ DBS Certificate and hold the original copy: YES  NO

I am registered on the DBS online update service: YES  NO

**I consent to any CRB/ DBS checks to be conducted and held by Required Limited, whether this be online and/ or otherwise. Checks will be conducted as part of your registration and as a continuing on-going process. Any warnings or convictions which occur after the date of this application form must be disclosed in writing with a detailed statement to; info@required.co.uk**

**I understand, agree and consent to the above statement:**

YES  NO

Do you have any spent/ unspent criminal convictions? YES  NO

If you answered yes, please provide brief details below and send in a detailed statement regarding any conviction(s):

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases, particularly where the employment is sought in relations to positions involving with children or vulnerable adults, details of all criminal convictions must be given. The information will be treated with the strictest of confidence and only taken into account where, in the reasonable opinion of Required Limited, the offence is relevant to the position of a healthcare professional.

Failure to declare any conviction may require us to exclude you from our register or terminate your contract if the offence is not declared but later comes to light.

### Section 10: Bank Details

Name of Bank: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Branch Address (if known): \_\_\_\_\_

Sort Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Number: \_\_\_\_\_

### 11: Final Declaration

#### 1. TERMS & CONDITIONS

I have received and agree to the terms within Required Limited PSC/ PAYE / Umbrella (as applicable) candidate contract and I have read, understood and agree to the contract. A copy of the latest contract is available within the downloads section – www.required.co.uk or from your consultant. By commencing any assignment with Required, I understand and agree to the applicable and most recent candidate contract for services / terms and conditions which can also be found on required.co.uk

I Agree  I do not agree

#### 2. WORKING TIME REGULATIONS

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

I consent to work  I do not consent to work

#### 3. DATA PROTECTION

I agree that Required Limited retain the right to hold this application and any other data required to process it and to pass on to any employment related third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

#### 4. YOUR PROFESSIONAL CONDUCT

Have there been/ or currently any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?

YES  NO  If "YES" please supply statement separately.

I confirm the information provided is correct and up to date

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**- Thank you for taking the time to complete our application form -**