



Application Form

Sessional General Practitioners

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

Sessional General Practitioners (GPs) working for Commisceo Primary Care Solutions (PCS) are required to sign the GP Service Agreement, and to accept that the offer of work is at the discretion of Commisceo PCS and in accordance with our rota policy. This and does not imply any employment relationship.

GPs should be aware that the work of all clinicians will be audited on regular basis, and in occasional instances of sustained poor performance or poor teamwork, GPs will after discussion, not be offered further shifts. GPs should also be aware that in some circumstances the Medical Director of may inform relevant Clinical Commissioning Groups, 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.

If you have any questions or queries whilst completing this application, please contact:

Jo Harvey
commisceo.pcs@nhs.net

Service Manager
Commisceo Primary Care Solutions

Post Applied
for:

Available Start
Date:

APPLICATION FORM
Sessional General Practitioners

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 Number		Copy of Registration document enclosed?	Yes No

Registration Details			
Medical Defence Organisation & Number		Copy current certificate enclosed?	Yes No
Which Performers list are you on?			
Please list any previous Performers List inclusions			

Have you ever had your GMC registration or Performers List status disqualified or suspended or restricted?	Yes	No
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If Yes, please give details:

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Disclosure & Barring Service details:	(Please enclose a copy of your DBS Check document)		
Date of most recent DBS Check		Copy enclosed?	
		Yes	No

Current Employment Commisceo Primary Care Solutions will undertake a DBS check

If you are currently employed e.g. within a GP practice or hospital please state below, and say in what capacity you are employed e.g. Principal, Registrar, SHO, Locum, etc.

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Previous Employment (continue on additional page if necessary)

From	To	Employer	Employment capacity

Information on any disciplinary matters

(continue on 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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Preferred Hours of Work

Preferred Shift Pattern

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Work Preferences

In Hours	Yes	No	Out of Hours	Yes	No	Preferred Base	
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Additional Information

(continue on additional page if necessary)

Please give any further information which you consider to be relevant to your application to join the sessional doctors list. (e.g. any previous experience)

If YES, please provide full details.

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Immunity Status – Please provide confirmation

Hep B status	Yes	No
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Smartcard Number

References

Please give details of two referees below, ONE must be from a clinical background, and please ensure that an email address is supplied for each referee. The first reference should be from your current or most recent employer.

Reference 1		Reference 2	
Relationship		Relationship	
Address	Address
Contact Telephone		Contact Telephone	
Email		Email	

Undertaking

I confirm that the information provided within this application form are to the best of my knowledge and belief, true in all respects. I understand that if I have deliberately made a false statement on this form, any offer of potential sessional employment could be withdrawn.

I authorise Commisceo Primary Care Solutions to obtain references to support this application and release the Company and referees from any liability caused by giving and receiving information.

Signed.....

Date.....

PLEASE ENSURE YOU ENCLOSE

- Current CV
- GMC certificate
- Medical Indemnity certificate
- Qualifying medical degree (i.e. MRCGP)
- 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)
- Copy of DBS Certificate (if within 3 months of work start date)
- Valid certificate of BLS and Anaphylaxis training
- Valid certificate of Child Safeguarding Training Level 3
- Valid certificate of Adult Safeguarding Training Level 2
- Valid certificate of Infection Control Training
- Valid certificate of Information Governance Training
- Completed Bank Account Details form

Any other information: