



## REGISTRATION FORM (Doctors)

Personal Information		
Title:	First name(s)	Surname:
Previous Surnames:		
Current address:		
	Postcode:	
Permanent address: (If different)		
	Postcode:	
Home Tel:	Mobile Tel:	
Work Tel:	Ext/bleep	
email address:		
NI number:		
Next of kin Relationship/ Contact number		

Professional Details			
GMC/GDC number:		Expiry date:	Full <input type="checkbox"/> Ltd <input type="checkbox"/> Provisional <input type="checkbox"/>
Are you on the Specialist Register?    Yes <input type="checkbox"/> No <input type="checkbox"/>		NTN/VNTN Number if applicable:	
University and year qualified:			
Right to work			
Nationality:			
Do you have immigration permission to work in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please state type of Visa if applicable			

## Mandatory Safety Training

BLS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
ALS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
APLS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
<b>do you possess any of the following certificates?</b>			
Health & Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
Fire Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
COSHH	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
RIDDOR	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
Lone Worker Training	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
Caldicott Protocols	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
Handling Violence and Aggression	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
Child Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
Hospital Acquired Infection (including MRSA and C Diff)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	Result:
Please supply copies of the above. If you need assistance in obtaining any training Red Professional Locums will be more than happy to arrange training.			

## Working Time Regulations

The Working Times Regulations 1998 require the Company to limit your average weekly working time to 48 hours unless you agree with the company that you do not wish this to apply to you.

I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give Red Professional Locums 1 months notice in writing to end this agreement.

Yes  No

## Bank account details

Name of Bank/Building Society:			
Bank/Building Society Address:			
Account Holders Name:			
Account Number:			Sort Code:

## Professional Indemnity

MDU <input type="checkbox"/> MPS <input type="checkbox"/> Other <input type="checkbox"/>	Policy Number:	Renewal
In some organisations the position offered will require you to hold the above as mandatory. We strongly recommend that all doctors take out Medical Insurance.		

## Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provision of sections 4.2 and 4.3 of the Rehabilitation of Offenders Act 1984 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties.

Have you been convicted of a criminal offence, been bound over or cautioned or are you the subject of any police investigations or fitness to practice proceedings, which might lead to a conviction, an order binding you over, or a caution in the UK, or any other country, including those considered spent? Yes  No

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

## CRB Checks

Have you had a police check within the last 12 months Yes  No

Do you consent to Red Professional Locums requesting a police check Yes  No

## Fitness to Practice

Have you been, or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body, in the UK or any other country? Yes  No

If yes, please provide details of the nature of the proceedings undertaken, or contemplates, including approximate date of proceedings, country where proceedings were undertaken, and the name and address of the licensing or regulatory body concerned.

## Declaration

I confirm that I am aware of the GMC's performance monitoring process and that I have read this document fully and that all the information given to Red Professional Locums Ltd is correct. I will notify Red Professional Locums Ltd should any of the information alter.

I have read and agree the Terms and Conditions of Engagement.

Signature:

Print Name:

Date:

## Where did you hear about Red?