1Nnurs



**LOCUM DOCTOR APPLICATION FORM Tel: 0208 240 4474**

***PLEASE ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED* registration@lpeglobal.co.uk**

**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**er**

**PERSONAL DETAILS**

**MR MRS MISS Ms**

**First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known As: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Daytime Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you hold a current valid UK driving licence: Yes / No**

**Do you have use of a car: Yes / No**

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiry:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm I have the Right to Work in the UK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GMC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GMC Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part(s) of register: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Details:**

**Mr Mrs Miss Ms:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP Details:** In the event we may need to contact your GP, please provide contact details below:

**GP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgery Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you give us permission to contact your referees? Yes / No**.

**Reference 1**:

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In what capacity is this person known to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Employment Dates: From: \_\_\_/\_\_/\_\_\_\_ To: \_\_\_/\_\_/\_\_\_\_**

**Reference 2:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In what capacity is this person known to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Employment Dates : From: \_\_\_/\_\_/\_\_\_\_ To: \_\_\_/\_\_/\_\_\_\_ To Date **

**Reference 3:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In what capacity is this person known to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Employment Dates: From: \_\_\_/\_\_/\_\_\_\_ To: \_\_\_/\_\_/\_\_\_\_**

**I give permission for my references to be shared with third parties where relevant**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please continue on a blank sheet of paper if you have more than 3 Referees**

**REFERENCES**

*Please supply names and address of minimum 2 professional referees, one must be from*

*Your current or most recent employer and of a senior grade to yourself*

|  |  |  |
| --- | --- | --- |
| **From**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Job Title:** |
| **To**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Brief Description of Duties:** |
| **Employed Status:**  **Permanent Employee**  **Contractor**  **Agency Worker** |
| **From**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Job title:** |
| **To**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Brief Description of Duties:** |
| **Employed Status:**  **Permanent Employee**  **Contractor**  **Agency Worker** |

|  |  |  |
| --- | --- | --- |
| **From**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Job Title:** |
| **To**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Brief Description of Duties:** |
| **Employed Status:**  **Permanent Employee**  **Contractor**  **Agency Worker** |

**EMPLOYMENT HISTORY**

\*\* If you have provided your CV you are not required to complete this section\*\*

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**PROFESSIONAL CONDUCT**

**Have there been any proceedings of medical negligence or professional misconduct against you, or have you ever been suspended or dismissed from a position you have held? YES NO**

**If you have answered YES to the above, please supply details:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **EXPERIENCE - GP only** |

**GP Registrar GP**

**EXPERIENCE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **More than 6 Months** | **Less than 6 months** | **More than 1 Year** | **2 Plus years** |

**PATIENT MANAGEMENT SOFTWARE:**

**Please list below any patient Management Software you have a good working knowledge of:**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience – Hospital Doctors**

**Please select the area in which you would like to be offered Locum work, you MUST be able to relevant experience in these specialities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Specialism** | **Less than 6 months** | **More than 6 months** |  | **Specialism** | **Less than 6 months** | **More than 6 Months** |
| A&E |  |  |  | Obs & Gynae |  |  |
| Acute Assessment Unit |  |  |  | Ophthalmology |  |  |
| Anaesthetics |  |  |  | Pathology – Cyto/Molecular Genetics |  |  |
| Critical Care Unit |  |  |  | Pathology - Haematology |  |  |
| ITU / HDU / ICU |  |  |  | Pathology - Histopathology |  |  |
| **Medicine:** |  |  |  | Pathology - Immunology |  |  |
| Aviation |  |  |  | Pathology - Microbiology |  |  |
| Audiology |  |  |  | Psychiatry - Adult |  |  |
| Clinical |  |  |  | Psychiatry – Child & Adolescent |  |  |
| Cardiology |  |  |  | Psychiatry - Forensic |  |  |
| Dermatology |  |  |  | Psychiatry – Learning Disability |  |  |
| Diabetes |  |  |  | Radiology – Clinical |  |  |
| Elderly / Geriatric |  |  |  | Radiology – Clinical Oncology |  |  |
| Endocrinology |  |  |  | RMO |  |  |
| General |  |  |  | **Surgery:** |  |  |
| Genito-Urinary |  |  |  | Cardio Thoracic |  |  |
| Infectious Diseases |  |  |  | Ear, Nose & Throat |  |  |
| Neurology |  |  |  | General |  |  |
| Neonatal |  |  |  | Neurosurgery |  |  |
| NICU |  |  |  | Oral & Maxillofacial |  |  |
| Oncology |  |  |  | Paediatric |  |  |
| Occupational |  |  |  | Plastic Surgery |  |  |
| Paediatrics |  |  |  | Trauma & Orthopaedics |  |  |
| Paediatric Oncology |  |  |  | Thoracic Surgery |  |  |
| PICU |  |  |  | Transplant Surgery |  |  |
| Renal |  |  |  | Urology |  |  |
| Respiratory |  |  |  | Vascular Surgery |  |  |
| Rheumatology |  |  |  | Other |  |  |
| Rehabilitation |  |  |  | Other |  |  |
| Other |  |  |  | Other |  |  |

**GRADE – HOSPITAL DOCTORS**

**Please select the grade at which you wish to be offered Locum work. Please note you will a reference to confirm that you work at this Grade.**

**FY1 (PRHO) ST2 Staff Grade**

**FY2 (SHO) ST3 (SPR) Associate Specialist**

**ST1 ST4 Consultant**

|  |  |  |  |
| --- | --- | --- | --- |
| **DBS APPLICATION If you have a current DBS registered with the update service, you do NOT need to complete this section** | | | |
| **Mr Mrs Miss Ms** | **Forename(s)** | | **Surname:** |
| **Are you now, have you ever been known by any other name YES / NO**  **If Yes, Please list all FULL names below and dates when you changed your name**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Name Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Name Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Current Home Address**  **Post Code: \_\_\_\_\_\_\_\_\_\_\_\_**  **When did you here (MM/YYYY)** | | **Previous Address**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code \_\_\_\_\_\_\_\_\_\_\_\_**  **When did you move here (MM/YYYY)** | |
| **Previous Address**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code \_\_\_\_\_\_\_\_\_\_\_\_**  **When did you move here (MM/YYYY)** | | **Previous Address**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code \_\_\_\_\_\_\_\_\_\_\_\_**  **When did you move here (MM/YYYY)** | |
| **Previous Address**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code \_\_\_\_\_\_\_\_\_\_\_\_**  **When did you move here (MM/YYYY)** | | **Previous Address**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Post Code \_\_\_\_\_\_\_\_\_\_\_\_**  **When did you move here (MM/YYYY)** | |
|  | | | |
| **Have you ever been convicted of a criminal or civil offence? If yes, please give details:** | | | |
| **Have you ever received a police caution? If yes, please give details:** | | | |
| I **hereby authorise PE Global Healthcare to perform an online DBS Check on my behalf.** | | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PAYMENT METHOD:**  **I wish to be paid: PAYE \_\_\_\_\_ Ltd Company\*\* \_\_\_\_\_\_\_\_ Umbrella Organisation \_\_\_\_\_\_\_\_\_**  **Name of Account Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SORT CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **This is my: PERSONAL BANK ACCOUNT MY LIMITED COMPANY ACCOUNT**  **Your payslip will be emailed to your email account weekly**    **I have provided my P45 \_\_\_ P46 \_\_\_**  \*\* If you have your own Ltd Company, you MUST provide a copy of your Certificate of Incorporation, company Bank details and proof of Indemnity Insurance. We cannot accept payment into a personal bank account.  **LIMITED COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **REGISTERED ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Company Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please tick which of the following statements applies to you:**   1. **This is my first job since 6th April, and I do not receive taxable Jobseekers allowance, taxable incapacity Benefit or a state or occupational pension** 2. **This is my only job, but I have worked since 6th April or have received taxable Jobseekers Allowance** 3. **I have another job or receive a state or occupational pension**   **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BANK DETAILS** | |

**DATA PROTECTION**

I understand that PE Global Healthcare may hold data about me, whether obtained directly from me or from other sources, and that some of this data may be sensitive. This data may be held indefinitely, and I give my permission for this data to be disclosed to third parties in the course of seeking employment or training for me.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATIONS**

**REHABILITATION OF OFFENDERS**

The position you are applying for is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are therefore entitled to ask Exempted Questions as defined by Section 113(5) of The Police Act 1997 about you.

The nature of the work placements offered by us means the terms of Section 4 part 2 of the Rehabilitation of Offenders act (1974) (exceptions) Order 1975, apply. You must declare here any convictions or cautions you have ever received, even those which would normally be considered spent.

Have you ever received a Criminal Conviction? YES / NO Have you ever received a Police Caution? YES / NO

Are you, as far as you know, under investigation by the Police? YES / NO Do you have any Prosecutions pending? YES / NO

Has there ever been a suggestion that you are unsuitable to work with Vulnerable People? YES / NO

If you have answered YES to any of the above, please provide a full written statement with your application. Any information you provide will be treated in the strictest confidence.

I understand that my DBS Certificate information may be shared with any Client considering employing me on a temporary or permanent basis. I will inform PE Global Healthcare immediately if anything changes that affects my answers to the above.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORKING TIME REGULATIONS**

I, the undersigned, agree with PE Global Healthcare that the limit in regulation 4(1) of The Working Time Regulations Act 1998 shall **not** apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with The Working Time Regulations 1998). I agree that I will comply with any and all policies of the employer which relate to its maintenance of records of my hours of work. This agreement can be terminated by me giving one months’ notice in writing to PE Global Healthcare. The agreement shall apply from today’s date until further notice. I agree that I will comply with any and all policies of the employer which relate to maintenance of records of my hours of work.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION OF ACCURACY**

The information provided in this Application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registration with Locum Express Medical.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Terms & Conditions**

I confirm that I have the Right to Work in the UK.

I understand that my registration with PE Global Healthcare is subject to receipt of at least 2 satisfactory references and an enhanced DBS.

I furthermore understand that PE Global Healthcare are unable to guarantee continuous Locum work, and that they are under no obligation to pay for hours not worked under any circumstances.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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