



Freepost RRТА-AKKK-ZGUU
dr-locums
 7 Houghton Square
 London SW9 9AN
 t 020 7498 7999
 f 020 7498 2221
 e gp@drlocums.com
 w www.drlocums.com

GP LOCUM APPLICATION FORM

PERSONAL INFORMATION

| | | |
|-----------------------------------|----------------------------|-----------|
| Title: | Sex: Male Female | Address: |
| Surname: Tel: | | |
| Forename (s): | Mobile: | |
| DOB: Email: | | |
| Marital Status: | Nationality: | |
| NI Number | Tax Office Ref: | Postcode: |
| Visa Details if Non E.U. National | | |

NEXT OF KIN/EMERGENCY CONTACT DETAILS

| | |
|---------------|-----------|
| Name: | Mobile: |
| Relationship: | Landline: |

BANKING DETAILS

| | |
|--|--|
| Bank Name: | |
| Account Name: | |
| Account Number: | Sort Code: |
| Are you a registered Ltd Co Yes No | Do you have valid Professional Indemnity for this Yes No |
| Name of Ltd Company: | |

PROFESSIONAL DETAILS

| | | |
|---------------------------|-----------------------|-----------------------------------|
| GMC Number: | Date of Registration: | Licence to Practice: Yes No |
| Vocational Certification: | | |
| CCT: | Certificate Number: | Date Issued: |
| Other: | Issuing Body: | Date issued: |

Revalidation Date/ Status:

Performer's List Registration and Appraisal In order to practice as a GP in the NHS, you must be registered on a Performer's List. This registration also sets out the framework for annual appraisals and revalidation.

| | |
|-------------------------|--------------------|
| NHS Where Registered: | Status: |
| Date of Last Appraisal: | Name of Appraiser: |

PROFESSIONAL INDEMNITY

| | |
|--------------------|--------------------|
| Indemnifying Body: | Membership Number: |
| Expiry: | No of Sessions: |



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QUALIFICATIONS:

| | |
|--------------------|----------------|
| Qualifying Degree: | Date of Award: |
|--------------------|----------------|

| |
|--------------|
| Institution: |
|--------------|

OTHER PROFESSIONAL QUALIFICATIONS (e.g. ALS, DRCOG, MRCP etc):

| | | | | |
|-------|----------------|---------------|-----|----|
| Name: | Date of Award | Copy attached | Yes | No |
| Name: | Date of Award: | Copy attached | Yes | No |
| Name: | Date of Award: | Copy attached | Yes | No |

BLS OR HIGHER CERTIFICATION (ALS, ATLS, PALS etc)

| | |
|-------|----------------|
| Name: | Date of Award: |
|-------|----------------|

FITNESS TO PRACTICE

| | | |
|--|-----|----|
| Have you ever been the subject of a professional conduct/competence enquiry? | Yes | No |
| Are you aware of any professional conduct/competence enquiries being considered against you? | Yes | No |

Please give further detail on a separate form if you have answered YES to either question above.

YOU AS A LOCUM

What sort of locum work are you looking for (tick all that apply)

| | | | | |
|-----------------------------------|----------------|-----|----------|----------|
| <input type="checkbox"/> In Hours | Extended Hours | OOH | Weekends | Weekdays |
|-----------------------------------|----------------|-----|----------|----------|

| | | |
|------------------------------|----------|-------|
| When are you available from: | Now/ASAP | From: |
|------------------------------|----------|-------|

Are there any areas that you prefer to work in? If so please let us Know:

| | |
|---------|---------|
| Area 1: | Area 2: |
| Area 3: | Area 4: |

GP LOCUM APPLICATION FORM

WHICH MEDICAL INFORMATION SYSTEMS CAN YOU USE? PLEASE GIVE PROFICIENCY SCORES OUT OF 5 (MAXIMUM)

| | | | | | | | |
|--------------------|-----|----|--------------|------------------------------|-----|----|--------------|
| Emis LV: | Yes | No | Proficiency: | iSOFT(Torex Synergie) | Yes | No | Proficiency: |
| Emis PCS: | Yes | No | Proficiency: | iSOFT(Torex Premier) | Yes | No | Proficiency: |
| Emis Web: | Yes | No | Proficiency: | SystemOne TPP | Yes | No | Proficiency: |
| INPS/Vision | Yes | No | Proficiency: | Adastra: | Yes | No | Proficiency: |
| EDIS | Yes | No | Proficiency: | PICS | Yes | No | Proficiency: |
| DocMan | Yes | No | Proficiency: | Odyssey | Yes | No | Proficiency: |



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LANGUAGES

| | | |
|--|-----|----|
| In Addition to English, do you speak any other languages | Yes | No |
|--|-----|----|

If yes, please let us know which ones and your proficiency (1=Basic, 5=Native)

| LANGUAGE | PROFICIENCY | LANGUAGE | PROFICIENCY |
|----------|-------------|----------|-------------|
| | | | |
| | | | |

REFEREES

Please let us have the names of two people who know you professionally and who would be able to comment on your practice. Of these at least one must be your last substantive employer/ long term locum (if applicable). Normally, referees who have not worked with you in the last two years are not acceptable.

| Referee 1 | Referee2 |
|----------------------|----------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Address: | Address: |
| | |
| Postcode: | Postcode: |
| Telephone: | Telephone: |
| Fax: | Fax: |
| Email: | Email: |

PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

In keeping with recommendations set out by NHS Employers and the Department of Health we require GP locums to give us information about their health and immunisation status. All information is treated with the strictest confidence and will not be released without prior consent.

Do you suffer from Any illnesses? *(if the answer is yes please provide further information below and if required on a separate sheet)*

| | | | | | |
|---------------------------------|-----|----|--------------------------------|-----|----|
| Cardiovascular Disease | Yes | No | Genitotourinary Disease | Yes | No |
| Respiratory Disease | Yes | No | Musculoskeletal Disease | Yes | No |
| Gastrointestinal Disease | Yes | No | Neurological Disease | Yes | No |
| Psychiatric illnesses | Yes | No | Infectioustious Disease | Yes | No |

Others

HEALTH CHECKS & IMMUNISATIONS

Please supply copies of proof of immunisation or illness dates for

| | | |
|------------------|------------------|----------------------------------|
| Hepatitis B | Rubella | Measles |
| Varicella Zoster | Tetanus | Mumps |
| HIV | Tuberculosis BCG | Date of last CXR if appropriate: |



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REHABILITATION OF OFFENDERS

Because of the nature of General Practice, this position is exempt from the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). You are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of engagement, any failure to disclose any convictions will result in immediate termination of the contract with further referral to the appropriate oversight bodies. Any information given will be completely confidential and will be considered only in relation to positions in which the Order applies. A copy of our written policies is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

| | | |
|--|-----|----|
| Have you ever been convicted of a criminal offence? | Yes | No |
| Do you have any spent or unspent criminal convictions? | Yes | No |
| Are you involved in any proceedings which might lead to a criminal conviction | Yes | No |

Please give further information on a separate sheet if any you have answered yes to any of the questions above. We shall rely on this information when screening your application. To knowingly make a false statement above could be a criminal offence. By signing below, you confirm that the information that you have provided above is complete and true. You also confirm that you consent to us checking the details provided in support of this application against the various data sources in order to verify your identity and process this application.

DBS CHECK

| | | |
|---|-----|----|
| Have you had a DBS Enhanced Check conducted in the last 2 years? | Yes | No |
| Are you registered with the DBS Update service? | Yes | No |

Please enclose a copy of your last check and if applicable, authorise us to verify your DBS Update Status.

If your current Check is more than 2 years old we will need to organise one for you. Please call a member of our team on 020 7498 7999 to get this underway.

We are also required to verify your ID as a part of the registration process, This can either be done in person at our offices or alternatively, by you providing us with certified copies of the documents listed below. **We cannot process your application without these so please look through this list carefully.**

Declaration

By signing below; You confirm that the information that you have provided in this form is complete and true. You also confirm that you have reviewed and agree to our terms of engagement and the consolidated terms as appropriate. Further, you consent to us checking the details provided in support of this application against various data sources in order to verify your qualifications and experience. These details may be recorded and shared to assist other organisations for compliance, audit, feedback and appraisal purposes.

Signature:

GMC No:



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ITEMS TO BE SENT TO US

To enable us to process your application as soon as possible, please send us copies of the following documents either in the post or electronically to gpadmin@drlocums.com, we will need to see the originals of these at some point if convenient please do post them. We will return these to you within 24 hours using the Royal Mail's Special Delivery tracked service. Alternatively, you can always bring these to our offices in London or Leicester!

| | |
|---|---|
| GMC Certificate/ Retention Letter | CCT/ PMETB/ JCPTGP/ Other Vocational Certification |
| Licence to Practice Letter | Up to date CV |
| Proof of Inclusion on a Performers List | Hep B Titre results, proof of Mumps & Rubella imms |
| Proof of Indemnity | Details of any Specialist Clinics that you can conduct (IUD, CHS etc) with Proof of Training |
| Degree, Diploma and Membership Certificates | Passport Photograph / Selfie (it is 2015 :) |
| Existing DBS/ CRB Disclosure | 2 xProof of Address |
| Photo ID. If this is not an UK/EU passport, we will also need proof of your right to work in the UK | Basic Life Support (CPR) Certification |
| National Insurance Details | |
| Child Protection Level 2/3 Training as appropriate (if you do not have this you can access it free from the DOH e learning for health site at http://e-lfh.org.uk/projects/egp/register.html , you will need to do module 8d) | |

| | |
|---|--|
| Please send your form in to: Freepost RRTA-AKKK-ZGUU dr-locums 7 Houghton Square London SW9 9AN | Feel free to pop down and meet us: Please call 020 7498 7999 to arrange a visit We look forward to meeting you ☺ |
|---|--|

REFERRAL: Earn up to £500 for each GP referral! If 10 of your referrals work for us you can earn an extra £5000!!!

It's simple, refer your friends & colleagues to locum for us & earn £1 per hour for work they do (maximum of £500 per GP Locum)

| | | |
|-------|-------------|--------|
| Name: | Contact No: | Email: |
| Name: | Contact No: | Email: |
| Name: | Contact No: | Email: |
| Name: | Contact No: | Email: |
| Name: | Contact No: | Email: |
| Name: | Contact No: | Email: |
| Name: | Contact No: | Email: |