

Please insert your grade and speciality below

Grade _____

Speciality _____

Application Form

Personal Details / Identity

Title:	Home Number:
Forename:	Work Number:
Surname:	Mobile Number:
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Fax Number:
Date of Birth:	Email Address:
Marital Status:	National Insurance Number:
Previous Surname:	Nationality:
Current Address:	Address (permanent)
Postcode:	Postcode:
At Address Since:	Please tick and enclose one of the following: Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Identity Card <input type="checkbox"/>

Bank Details

Sort Code:	Account Name:
Bank:	Account Number:
Branch:	Bank Society / Account No (As Appropriate):
Address:	Tax Status: Self-Employed <input type="checkbox"/> Other <input type="checkbox"/>
	Are you VAT Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>
	VAT Number:
Postcode:	

Right to Work

Document Type	EEA / UK Passport <input type="checkbox"/>	Tier 1 (General) <input type="checkbox"/>
	Tier 1 (General) Dependant Spouse Visa <input type="checkbox"/>	Tier 1 (Entrepreneur) <input type="checkbox"/>
	Spouse of Work Permit Holder <input type="checkbox"/>	Tier 2 Work Permit Sponsorship <input type="checkbox"/>
Other:	Work permits - Bulgarian and Romanian nationals only <input type="checkbox"/>	
Passport Number:	Expiry Date:	

Next of Kin

Title:	Address:
Surname:	
Forename(s):	Postcode:
Email Address:	Telephone Number:

Availability and Requirements

Available for (Circle as appropriate)	Full Time	Part Time	Evenings	Weekends
Current work status	Available from (Work Notice, if any)			
Other positions considered: (GP, Out Of Hours, Hospital Locums, Private Medical, Others)				
Other UK locations willing to work in				
Do you have a valid Full UK driving license? (Circle as appropriate)	Yes	No		
Current pay rate	£	Per Hour/ Annum		
Expected pay rate	£	Per Hour/ Annum		
NHS/ Medical Computer Systems familiar with: (Circle as appropriate)	EMIS - LV/ PCS	VISION	System-ONE	i-Soft Synergy ADASTRA Other
Additional information :				

References

Please give the names and address of two work related referees; one must be your last employer.

Full Name:	Full Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Postcode:	Postcode:
Telephone Number:	Telephone Number:
Email Address:	Email Address:

I give consent for Locum Staffing to approach the references supplied Yes No

AIDS / HIV Infected Healthcare Workers

I confirm that I am aware of the Department of Health's guidelines on AIDS / HIV infected Healthcare Workers and agree to abide by them. Yes No

Professional Conduct

Rehabilitation of Offenders Act 1974
 You are required to disclose details of any criminal record. Please list your convictions and their dates below, this information will be taken into account where the offence is relevant to the post for which you are applying. Therefore disclosure may not result in you being excluded from obtaining a position. The nature of the work you are applying for is exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 Exceptions Order 1975. Applicants are therefore, are not entitled to withhold any information about convictions, even if they are regarded as "spent" convictions under the cover of this act. Failure to declare a conviction may require us to exclude you from Locum Staffing Limited, register or terminate an assignment if an offence is not declared but later comes to light.

Have you ever been convicted of an offence other than Road Traffic Violation? Yes No

If yes, please give details:

Police Checks / CRB Checks

Most employers request either a Police Record Check or a CRB Check for all medical staff, regardless of the position and responsibilities you will undertake.

Do you have a Police or a CRB Check? Yes No

Professional Misconduct

Have you ever been the subject of professional Misconduct proceedings

Or any such proceedings pending or threatened against you? Yes No

If yes, please give details:

.....

.....

.....

.....

.....

Checklist We accept documents via email/ post/ fax (True Clear Photo copies of Original Certificates)

Please check and tick that you have submitted the following documents with your application:

CV GMC Cert. Insurance Cert. Current Enhanced CRB Supplementary List Letter
Confirmation of up to date vaccination status Photographic ID Confirmation of eligibility to work in the UK

Survey

Where did you hear about Locum Staffing? (Circle as appropriate)

Pulse Magazine / GP Magazine / BMJ / Internet Search / SMS / Colleague / Word of mouth / Other

Which Medical magazines / journals do you read?

.....

Declaration

Locum Staffing Limited will treat this information given as confidential and will only disclose information to third parties for the purposes of finding a suitable position.

I agree to abide by Locum Staffing Limited Terms and Conditions and I declare that the information given, as well as any documentation forwarded on (including curriculum vitae) is accurate and I will immediately notify Locum Staffing Limited of any changes.

I agree if I have given false information or have refused to submit certain documentation now or in the future, it may result in instant dismissal from an assignment, as well as a claim for any payments to be received and the possibility of a claim from Locum Staffing Limited for any loss of profits incurred.

Signed: _____

Date: _____

Print Name: _____

Please return to: Locum Staffing Limited, F20a Basepoint Business and Innovation Centre, 110 Butterfield, Great Marlings, Luton, LU2 8DL.

Tel: 1582 439740 | Fax: 01582 345 355 | E-mail: Info@locumstaffing.co.uk