



# doctor registration form (part 1 of 4 part form)

Please complete the following registration form in full, sign and **return with the specified documentation** to:  
GlobalVision Medical Recruitment Limited 180 West Regent St, Glasgow G2 4RW

## PERSONAL DETAILS

Title	<input type="text" value="Dr / Mr / Mrs / Miss / Ms"/>	Surname:	<input type="text"/>
Forename (s):	<input type="text"/>	Date of Birth:	<input type="text" value="/ /"/>
Contact Address:	<input type="text"/>	E-mail:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>	Telephone:	<input type="text"/>
Postcode:	<input type="text"/>	Pager:	<input type="text"/>
National Insurance No.:	<input type="text"/>	GMC No.:	<input type="text"/>

Name & Address of Bank/Building Society:	<input type="text"/>	Account No.:	<input type="text"/>
	<input type="text"/>	Sort code:	<input type="text"/>
	<input type="text"/>		

## SPECIALITY

Which speciality [in order of preference] would you like to work?

Speciality 1:	<input type="text"/>	Grade:	<input type="text"/>
Speciality 2:	<input type="text"/>	Grade:	<input type="text"/>
Speciality 3:	<input type="text"/>	Grade:	<input type="text"/>

## MOST RECENT ATTACHMENT

Date from:	<input type="text" value="/ /"/>	Until:	<input type="text" value="/ /"/>
Hospital & Location:	<input type="text"/>		
Speciality:	<input type="text"/>	Grade:	<input type="text"/>

# doctor registration form (part 2 of 4 part form)

## OCCUPATION STATUS

Your entitlement for working as a doctor in the UK is based upon what status (tick appropriate box):

European Economic Area (EEA) citizen  Spouse of an EEA citizen  Work permit   
Permit-free visa  Right of abode in the UK  Admitted to UK as a doctor prior to 1985

- If you are an EEA citizen please supply us with original pay slips with your National Insurance details and a photocopy of your passport.
- If your place of origin is outside of the EEA, please provide supporting visa documentation and a photocopy of your passport.

## WORKING TIME REGULATION

An Optional Contract for doctors to exceed the Working Time Regulation.

The Working Time Regulations 1998 ['Regulation'] stipulates that your average weekly working time should not exceed 48 hours. You can agree, if you so wish, to contractually exclude yourself from this requirement by signing below.

Global Vision Medical Recruitment offers you to make a contract, which states:

- [1] The 48 hour limit on average weekly working time will not apply to you
- [2] Termination of this agreement will occur from four weeks of your written notice, beginning on the day of receipt of the notice.

If you accept this offer, please sign below in order to complete the contract:

Signed:  Print name:   
GMC No.:  NI number:  Date:  /  /

## HEALTH STATEMENT

Information contained within this document is governed by the Data protection Act 1998. Disclosure of information is only with your written consent. Please ensure that the health statement is completed in full.

**Have you ever suffered from disorders or diseases related to the following (tick where appropriate)?**

Respiratory System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cardiovascular System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood Circulatory System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Central nervous System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Endocrine System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Musculoskeletal System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychiatric Symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Peripheral Nervous System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyesight	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Genitourinary System	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please provide details to any "YES" answers** [and to any other medical conditions], specifying dates, diagnosis and whether any time was taken off work for treatment. If there is insufficient room please continue on another sheet.

---

---

---

---

# doctor registration form (part 3 of 4 part form)

## IONISATION RADIATION CERTIFICATE

Do you hold the certificate in ionisation radiation? YES  NO

## VACCINATION STATUS

Hepatitis B – initial course YES  NO  **enclose evidence**

If “NO”, please consult your appropriate Occupational health Department. NHS requirement is that a Hepatitis B surface antibody level should be over 100 lu/L from a test carried out in the UK within the last 5 years. Non-responders to the vaccine will need to show evidence of a negative surface antigen to prove non-infectivity to the virus.

Hepatitis B antibody titre result:  **evidence enclosed**

Rubella	Yes <input type="checkbox"/>	No <input type="checkbox"/>	BCG	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Varicella	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heaf/Mantoux	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tetanus	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have natural immunity to any of the following (tick where appropriate)?:

Chickenpox  Measles  Rubella  Mumps

Many hospitals are now insisting on seeing evidence of immunity to Rubella, Varicella and other viruses, preferably on a pathology report, especially if doctors will be working in Obstetrics and Gynaecology, Paediatrics and Accident & Emergency. An official Occupational Health Department immunisation record showing immunity will also be accepted by most hospitals.

## CRIMINAL CONVICTIONS

Applicants for locum medical positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered “spent” under the act.

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations, which may lead to a conviction, an order binding you over or a caution in the UK or any other country?

Yes  No  If “YES” please supply details:

---

---

---

Do you have a police check statement? Yes  No

## PROFESSIONAL MISCONDUCT

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 supply details:

---

---

---

# doctor registration form (part 4 of 4 part form)

## DECLARATION

I confirm that I have read the standard terms and conditions. I confirm I have answered the questions on this registration form fully and that all the information is correct to the best of my knowledge and belief. I confirm that I am aware of the GMC's ethical guidance on serious communicable diseases. I am aware of the need to protect patients and myself and agree to notify GlobalVision Medical Recruitment should my circumstances alter in any way. I understand that a copy of my CV, vaccination records and immune status may be sent to any hospital where I will be employed.

I give my permission for GlobalVision Medical Recruitment to contact my Occupational Health Department, Specialist or GP to seek further information on any aspect of the information contained within this Health Statement, and this consent is valid for a period of three months from the date of signature.

Name (please print):

Signature:

Date:  /  /

## DOCUMENT CHECKLIST

**In order to complete this application, please ensure that you have enclosed the following items:**

- |   |  |
|---|--|
| <input type="checkbox"/> CV [most recent]                                 | <input type="checkbox"/> Copy of passport                      |
| <input type="checkbox"/> Payslips with NI number [EEA nationals/citizens] | <input type="checkbox"/> Visa documentation [Non-EEA citizens] |
| <input type="checkbox"/> GMC certificate [photocopy]                      | <input type="checkbox"/> Police check statement [if available] |
| <input type="checkbox"/> Hepatitis B-showing titre Level [pf>100lu/L]     | <input type="checkbox"/> 2 passport size photographs           |
| <input type="checkbox"/> Ionisation certificate [if available]            | <input type="checkbox"/> Copy of Immunisation [if available]   |

## REFEREES

Name:

Grade:

Hospital/Trust & Address:

Tel:

Name:

Grade:

Hospital/Trust & Address:

Tel:

Please return the completed registration form **with the specified documentation** to:

GlobalVision Medical Recruitment Limited 180 West Regent St, Glasgow G2 4RW

<b>OFFICE USE ONLY</b> Date Received: _____ Checked By: _____	Notes:   
---	--------------------