

HOSPITAL DOCTOR APPLICATION FORM

Thank you for your interest in joining Nursdoc. We are committed to ensuring that your work requirements are met whenever possible.

Nursdoc is a National Healthcare Agency specialising in providing high quality locum Doctors and Nurses to a wide range of health institutions.

Our continuing success depends on how well we work together. To achieve this, there have to be agreed rules, guidelines and standards of conduct for all. These are fully explained in the Staff Handbook in conjunction with the Policy and Procedures. Copies of these are available on our website www.nursdoc.com

The amount of work that we receive from our clients depends not only on us, but also on your performance. Therefore we have some basic expectations of you which are listed in your terms of engagement. I have taken time out to summarise some of these for you;

- Please make sure you arrive on time for your placement, or preferably 10 minutes early. If you're running late, you must ring Nursdoc as soon as possible to advise us of this so that we can ring the client.
- You are our representative at the client; please ensure that you perform your expected duties professionally and willingly at all times.
- If you cannot make your shift, you must give adequate notice in order for a replacement to be arranged.
- Nursdoc will only pay on receipt of an authorised timesheet. Please ensure you submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by Monday 12.00pm for payment on Friday. We cannot guarantee that your timesheet has been received unless it is physically brought to us.

If for any reason you are unhappy with any aspect of the service that Nursdoc provides please feel free to contact our HR Dept on 0330 555 5000.

Prior to starting your first placement with us we ask that you familiarise yourself with your Terms and Conditions of employment. This information should provide you with all of the reference material you may require.

Please feel free to ask your contact within the organisation if there is anything that you are unsure of, as we are always here to help, 24 hours a day.

Thank you and welcome aboard.

A. PERSONAL DETAILS

Title	Marital Status
Surname or family name	
First name	Middle name
Address	
	Postcode
Daytime phone number	Mobile number
E-mail address	Do you hold a current full UK driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/>

B. PROFESSIONAL DETAILS

GMC/GDC number	GMC/GDC expiry date	/	/
Part(s) of register:			

C. PASSPORT DETAILS

Nursdoc does not employ any worker requiring a work permit or with limited leave to remain.

National insurance number	Date of birth	/	/
Your nationality			
Eligibility	<input type="checkbox"/> I'm eligible to work in the UK, not requiring a work permit.	<input type="checkbox"/> I'm already in possession of a UK work permit.	
If other please specify			

D. PROFESSIONAL CONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? YES NO

If "YES" please supply details:

E. REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you at any time been convicted of an offence? YES NO

If "YES" please supply details:

F. NEXT OF KIN DETAILS

Name	Relationship to you
Address	
	Postcode
Daytime phone number	Mobile phone number

G. KEYWORDING - HOSPITAL DOCTORS

Please select only the areas in which you wish to be offered Locum Work. Please remember that you will be held professionally accountable. Please do not select a speciality if you have worked in it for less than 6 months.

SPECIALISM	< 1YR	1-2 YRS	2 YRS +
A&E			
Acute Assessment Unit (AAU)			
Anaesthetics			
Aviation Medicine			
Clinical Oncology			
Clinical Radiology			
Critical Care - ITU/ICU/HDU/CCU			
Medical Scientist			
Mountain Medicine			
Obstetrics & Gynaecology			
Ophthalmology			
Paediatrics – General			
Paediatrics – Neonates			
Prison Work			
MEDICINE			
Allergy			
Audiology			
Cardiology			
Clinical Genetics			
Clinical Pharmacology & Therapeutics			
Dermatology			
Elderly – Geriatric			
Endocrinology & Diabetes Mellitus			
Gastroenterology			
General			
Genito-Urinary Medicine (GUM)			
Infectious Diseases			
Marine			
Medical Oncology			
Neurology			
Neurophysiology			
Nuclear Medicine			
Occupational			
Paediatric Cardiology			

SPECIALISM	< 1YR	1-2 YRS	2 YRS +
Palliative Care			
Pharmaceutical			
Rehabilitation			
Renal (Nephrology)			
Respiratory			
Rheumatology			
PATHOLOGY			
Chemical			
Clinical Cytogenetics			
Molecular Genetics			
Haematology			
Histopathology			
Immunology			
Microbiology & Virology			
PSYCHIATRY			
Adult (GENERAL)			
Child & Adolescent			
Forensic			
Learning Disability			
Old Age			
Psychotherapy			
SURGERY			
Cardiothoracic			
ENT (Otolaryngology)			
General			
Neurosurgery			
Oral & Maxillofacial			
Paediatric			
Plastic Surgery			
Trauma & Orthopaedics			
Urology			

H. GRADE HOSPITAL DOCTORS

Please select only the areas in which you wish to be offered Locum Work. Please remember that you will be held professionally accountable.

Consultant	<input type="checkbox"/>	ST4	<input type="checkbox"/>	ST1	<input type="checkbox"/>
Associate Specialist	<input type="checkbox"/>	ST3 (formerly SpR)	<input type="checkbox"/>	FY2 (formerly SHO)	<input type="checkbox"/>
Staff Grade	<input type="checkbox"/>	ST2	<input type="checkbox"/>		

I. LICENSING AND REVALIDATION

The date of your last appraisal _____

The name of the Appraiser who undertook, or who will undertake, your annual appraisal. The Appraiser must be a Specialist on the GMC's List of Registered Medical Practitioners.

Name of Appraiser: _____ GMC #: _____

Have you had an appraisal in the last 12 months YES NO

The date of your next appraisal _____

J. YOUR BANK ACCOUNT DETAILS

We pay your wages directly into a bank account.

Name of bank	Branch name
Account holder name	
Address	
Postcode	
Sort code	Account number
I wish to be paid through a Ltd. Company and enclose details. <i>(You will be paid as P.A.Y.E until you provide all your documentation to Nursdoc)</i>	YES <input type="checkbox"/> or
I am on P.A.Y.E (Please enclose P45 if we are your main employer)	YES <input type="checkbox"/>

Read all the following statements carefully and tick the one box that applies to you.

1. This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.	YES <input type="checkbox"/> or
2. This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.	YES <input type="checkbox"/> or
3. I have another job or receive a state or occupational pension	YES <input type="checkbox"/>

K. YOUR REFERENCE DETAILS

• Please supply the names and work addresses of at least 2 clinical professional referees. • One must be from your present or most recent employer and must be a senior grade to yourself. • You must have worked for that person for a period of more than three months duration. • All references must relate to employment over the last two years. • If you have left a job with children or vulnerable adults, legally a reason must be give why.

May we contact your referees prior to an interview? YES NO

Reference 1

Name	Position
Address	
Postcode	
Telephone number	Email address
In what capacity has this person known you?	
Start Date (mm/yy)	End Date (mm/yy) To Date <input type="checkbox"/>

Reference 2

Name	Position
Address	
Postcode	
Telephone number	Email address
In what capacity has this person known you?	
Start Date (mm/yy)	End Date (mm/yy) To Date <input type="checkbox"/>

L. YOUR DECLARATIONS

1. HEPATITIS B

- I have been advised at the registration office of Nursdoc of the importance of having the Hepatitis B vaccine.
- I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity.
- I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous

Signed

Date

2. INDUCTION

- I have received a copy of the Induction information letter and can confirm that I am aware that more detailed information on the Staff Handbook and Policy and procedures can be obtained directly from the Nursdoc website, www.nursdoc.com/policies.

Signed

Date

3. WORKING TIME REGULATIONS

- For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Nursdoc not less than three months' notice. I understand that my registration with Nursdoc can be terminated at any time following unsatisfactory work reports.

Signed

Date

4. BANK DETAILS

- I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed

Date

5. DATA PROTECTION

- I agree that Nursdoc Ltd retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Signed

Date

6. TERMS & CONDITIONS

- I confirm that the information given in this application is, to the best of my knowledge, true.
- I am permitted to work in the UK.
- I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau.
- I undertake to inform Nursdoc should I be convicted of an offence in the future.
- I undertake to inform Nursdoc immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.
- I agree to respect the confidentiality of patients and any other information I may have access to, at all times.
- I am clear that Nursdoc cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.
- I have read, understood and agree to the conditions of work for LOCUMS, of which I have been given a copy.
- I agree that I will be registered for work with Nursdoc and also their sister company Quicktemp; working in the healthcare sector.

Signed

Date
