REGISTRATION FORM AND HEALTH STATEMENT

Please complete all details clearly in block capitals and return to us as soon as possible.

PERSONAL

Title _____ Surname _____ First Name/s _____
(Names should be in full, in print, as appearing on GMC registration and passport)

☐ ☐ Date of Birth _____

Current Address _____

_____ Postcode _____

Permanent Address (if different) _____

_____ Postcode _____

Home Tel. No _____ Work Tel. No _____

Ext./Bleep No _____ Mobile No _____

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Please indicate accurately each character of your email address including full stops, commas etc)

GMC/GDC/UKCC* Number _____ Full/Limited* ☐ ☐ Renewal date _____

NTN/VNTN* Number if on SpR Training _____ Are you on the specialist register? ☐ ☐ Yes ☐ No ☐
*delete as appropriate

Next of Kin ☐ Name _____ Relationship _____

☐ Address _____

☐ _____ Telephone No _____

Your GP ☐ Name _____

☐ Address _____

☐ _____ Telephone No _____

Please enclose 2 up-to-date passport sized photographs with this form

RIGHT TO WORK IN THE UK

I confirm I am entitled to work in the UK on the following basis:

			(please tick) ☐	Expiry Date
☐	European Economic Area (EEA) National / Citizen ☐	☐	☐	_____
☐	I hold a work permit ☐	☐	☐	_____
☐	I am undertaking Permit Free Training ☐	☐	☐	_____

My spouse:

☐	Holds a Work Permit ☐	☐	☐	_____
☐	Is undertaking Permit Free Training ☐	☐	☐	_____
☐	Is an EEA National / Citizen ☐	☐	☐	_____

Other : _____

_____

_____

YOU MUST ENCLOSE COPIES OF SUPPORTING DOCUMENTATION

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 this Act.

Have you been convicted of a ciminal offence, been bound over or cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution in the UK or any other country? Yes ☐ No ☐

If yes, please provide details of the criminal offence, order binding you over a caution, including approximate date, the offence, and the authority and country which dealt with the offence.

DISCLOSURE

When working within the NHS, some hospitals will require you to provide a disclosure, which is obtained from the Criminal Records Bureau.

Please forward a disclosure with your completed registration form.

FITNESS TO PRACTISE

Have you been or are you currently subject to any fitness to practise proceedings by an appropriate licensing or regulatory body in the UK or any other country? Yes ☐ No ☐

If yes, please provide details of the nature of the proceedings undertaken, or contemplated, including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

PROFESSIONAL INDEMNITY

We recommend membership of a medical defence organisation. If you are already a member, please indicate which organisation and state policy number:

MPS/MDU/Other* _____ Policy number : _____ Renewal date: _____
*delete as appropriate

GENERAL MEDICAL COUNCIL'S PERFORMANCE MONITORING PROCESS

Please make sure you are aware of the GMC's performance monitoring process.

NATIONAL INSURANCE (NI) NO*

*We prefer one of the following original documents showing your NI number: a pay slip from a previous employer; a P45; a P60; a NINO card; a letter from a previous employer or government department. This item will be returned to you.

PAYMENT DETAILS

To enable us to pay you directly into your bank or building society, please complete this section.

Bank / Building Society Name _____

Account Holders Name _____

Address of Bank/Building Society _____

_____

Account No ☐☐☐☐☐☐☐☐ Sort Code ☐☐ ☐☐ ☐☐ Building Society Reference Number _____

HEALTH STATEMENT

NAME _____ D.O.B. _____

Information contained within this document is governed by the data protection Act 1998. Disclosure of information is only with your informed written consent. The information is assessed by United Medicare, who will advise on your fitness to practise. Please ensure the health statement is completed fully.

NHS SCREENING HISTORY

Name of Trust or hospital which gave your most recent screening: _____

Date of most recent screening: _____ **Were the results in any way abnormal?** Yes ☐ No ☐

(If the results were abnormal, please provide details in the space provided below)

BASIC HEALTH HISTORY

If your answer to any of these questions is YES,

OR If you are currently taking any medications, please give details in the space provided below:

Is there any aspect of your health which may restrict your ability to work as a doctor?	Yes ☐	No ☐
Are you currently, or regularly taking, any medicines, tablets, special diets or injections?	Yes ☐	No ☐
Is there any aspect of your medical history about which an employer should or might wish to know?	Yes ☐	No ☐
Would you require any adjustments to the working environment to work as a doctor?	Yes ☐	No ☐
Do you have any conditions of vision, hearing or speech which might affect your ability to work as a doctor?	Yes ☐	No ☐
Have you ever suffered from any mental illness / depression or alcoholism or drug dependency?	Yes ☐	No ☐
Are you attending any hospital for treatment, or are you on a waiting list for hospital treatment?	Yes ☐	No ☐

Do you now, or have you ever, suffered from or received treatment for:

a) Respiratory (including asthmatic or allergic) symptoms, disorders or diseases?	Yes ☐	No ☐
b) Cardiovascular symptoms, disorders or diseases?	Yes ☐	No ☐
c) Gastrointestinal symptoms, disorders or diseases?	Yes ☐	No ☐
d) Neurological (including epileptic) symptoms, disorders or diseases?	Yes ☐	No ☐
e) Psychiatric symptoms, disorders or diseases?	Yes ☐	No ☐
f) Genitourinary symptoms, disorders or diseases?	Yes ☐	No ☐
g) Skin symptoms, disorders or diseases, including reaction to gloves / glove powder?	Yes ☐	No ☐
h) Endocrine (Including diabetic) symptoms, disorders or diseases?	Yes ☐	No ☐
i) Haematological symptoms, disorders or diseases?	Yes ☐	No ☐
j) Recurrent sore throat (including any treatment required for MRSA infection)?	Yes ☐	No ☐
k) Bone or joint symptoms, disorders or diseases (including back pain)?	Yes ☐	No ☐
l) Immuno-deficiency symptoms, disorders or diseases?	Yes ☐	No ☐
m) Stress related symptoms, disorders or diseases?	Yes ☐	No ☐
n) Alcohol / drug related symptoms, disorders or diseases?	Yes ☐	No ☐
o) Overseas travel related symptoms, disorders or diseases?	Yes ☐	No ☐

IMMUNISATION HISTORY

Have you had any of the following illnesses / diseases?	Please indicate YES or NO and give date			
Rubella (German Measles)**	Yes ☐	No ☐	Date.....	
Varicella (Chicken Pox)**	Yes ☐	No ☐	Date.....	
Measles	Yes ☐	No ☐	Date.....	
Hepatitis C	Yes ☐	No ☐	Date.....	
Do you have a visible BCG scar of at least 4mm diameter?**	Yes ☐	No ☐		
Have you had at least 2 Tetanus boosters since age 12?	Yes ☐	No ☐	☐	Tick if immunisation took place in UK
Have you had a Tuberculosis test?	Yes ☐	No ☐	Date.....	☐
Heaf / Tine / Mantoux (delete as appropriate)	☐	☐	Result.....	

Please provide written evidence to support the stated result

Have you ever had any of the following immunisations?	Please indicate YES or NO and give date			
Rubella (German Measles)**	Yes ☐	No ☐	Date.....	☐
Varicella (Chicken Pox)**	Yes ☐	No ☐	Date.....	☐
MMR (Mumps, Measles, Rubella)	Yes ☐	No ☐	Date.....	☐
Diphtheria	Yes ☐	No ☐	Date.....	☐
Poliomyelitis	Yes ☐	No ☐	Date.....	☐
Tetanus	Yes ☐	No ☐	Date.....	☐

** Trusts/Hospitals require written evidence of immunity to Rubella, Varicella and TB. Please provide this information

HEPATITIS B

You must provide a copy of the most recent actual UK Pathology Report showing titre level (>100Iu/l if possible) or antigen status if titre level < 100Iu/l.

You must also provide a printed Occupational Health / GP Immunisation record including the following information:

Dates of primary course of Hepatitis B vaccine ☐ .....

Post-course titre levels ☐ .....

Dates of all subsequent booster doses ☐ .....

Please enter any additional information below. If there is insufficient room please continue on another sheet.

OCCUPATIONAL HEALTH NOTICE FOR ALL HEALTH CARE WORKERS

The Department of Health Occupational Guidance (April 1993) "Aids - HIV infected Health Care Workers; Guidance on the Management of infected Health Care Workers", in particular Section 5.1. of the document defines that the responsibilities of employers including Agencies that:

"Health Authorities and National Health Services Trusts, must bring to the attention of new and existing Health Care Workers including Agency Staff and independent contractors, the Professional Regulatory Bodies' notices of ethical responsibilities and occupation guidance for Aids - HIV Infected Health Care Workers"

Guidance on the management of HIV/AIDS infected Health Care Workers.

The Department of Health have issued (April 1993) Guidance on Aids - HIV infected Health Care Workers: Guidance on the Management of infected Health Care Workers. This advice has been endorsed by the Expert Advisory Group on Aids (EAGA).

United Medicare has a responsibility to inform our staff as summarised in the key recommendations below. Your attention is also drawn to the ethical responsibilities of Health Care Workers, drawn up by the General Medical Council and the United Kingdom Central Council of Nursing, Midwifery and Health Visiting.

Key Recommendations

1. All Health Care Workers should routinely follow the existing Department of Health general infection control policy and adopt safer working practices to prevent the transmission of HIV infection.
2. All Health Care Workers have an ethical duty to protect patients. Those who believe that they may have been exposed to infection with HIV in their personal life or during the course of their work must seek medical advice and, if appropriate, diagnostic HIV antibody testing.
3. HIV infected Health Care Workers should not undertake procedures that may place patients at even a remote risk of infection. These procedures are defined as exposure prone invasive procedures.*
4. All Health Care Workers found to be infected must seek appropriate medical and occupational advice and those who perform or assist in exposure prone invasive procedures* must obtain further advice on their work practices which may need to be modified or restricted to protect patients. The appropriate advice may be sought from the relevant Occupational Health Department at your Hospital.
5. HIV infected Health Care Workers who continue to work with patients must remain under close medical supervision and receive appropriate medical and occupational advice as their circumstances change.
6. Health Care Workers who are found to be HIV positive and who have performed exposure prone invasive procedures* whilst infected must cease these activities immediately and inform their employing authority so that they can decide what, if any, action is necessary.
7. Personal Physicians or Occupational Health Physicians who are aware that infected Health Care Workers under their care have not sought or followed advice to modify their practice, must inform the employing authority and appropriate body. Where a Health Care Worker is not a member of such a body, the physician will inform only the employing authority.
8. All matters arising from and relating to the employment of HIV infected staff will be coodinated by an Occupational Health Physician.
9. United Medicare respects its duty to keep information on health confidential, and is not legally entitled to disclose that a member of staff has HIV infection, except where the staff member consents, unless to do so would be in the public interest. A discussion to disclose such information without consent must be carefully weighted. Those making such a disclosure may be required to justify their decision.

***Exposure Prone Invasive Procedures:**

Examples of procedures where infection might be transmitted are those in which hands may be in contact with sharp instruments or sharp tissues (spindles of bone or teeth) inside a patient's body cavity or open wound, particularly when the hands are not completely visible. Such procedures should not be performed by HIV infected staff.

Terms and Conditions for Temporary Workers

1. Temporary Staff must be registered with United Medicare, who act as an agent for Temporary Staff who understand and agree that they are not employed or engaged by United Medicare but that in respect of each and every assignment with the client, Temporary Staff are employed or engaged by the client.

2. Temporary Staff must provide copies of their GMC and MDU/MPS certificates and these must be shown to the hospital or Trust ("the Client") at the commencement of each assignment with the client.

3. Temporary Staff must inform United Medicare of any case that has resulted in their suspension or dismissal by the Hospital or Trust, United Medicare reserves the right to obtain references on all Temporary Staff and to show these, with the curriculum vitae to the Client in the strictest confidence.

4. Temporary Staff are under no obligation to accept an assignment but if they do so, they should do their most to ensure that the assignment is carried out to the satisfaction of the Client.

While serving the Client Temporary Staff Shall

(a) refrain from any conduct detrimental to the Client and/or United Medicare,

(b) arrive punctually on duty, report to the relevant department as instructed, and be present during the hours of work specified wearing their photo identification badge and having on their person their original GMC Certificate,

(c) give the Client services of a standard as normally required by a contract of employment

(d) take all reasonable disciplinary rules or obligations,

(e) comply with any reasonable instructions and requests made by United Medicare or the Client.

(f) ensure that confidentiality of the Client is maintained at all times and that any confidential information is not disclosed without the written consent of the client.

5. United Medicare and Temporary Staff agree that the work offered is of a temporary nature and that there may be periods during which there is no work available.

6. Temporary Staff are responsible to the Client at all times during assignments with the Client. They will therefore work under the direction and supervision of the Client and not United Medicare.

7. Temporary Staff must inform United Medicare (or the Client if outside of office hours) if for any reason they are going to be late. Except where prior arrangements have been made, Temporary Staff are responsible for meeting the cost of their own travel expenses, meals, telephone calls and accommodation. These bills should be settled before leaving the Client Hospital site.

8. If the Client or United Medicare cancels an assignment, United Medicare will not be liable for any financial loss or expense suffered by Temporary Staff. Temporary Staff recognise that the Client or United Medicare may cancel an assignment at short notice in accordance with normal practice.

9. Temporary Staff must provide United Medicare with their National Insurance Number. Any information required by Temporary Staff of deferment of NI contributions should be made by Temporary Staff direct to their local DSS office.

10. PAYE and NI contributions will be deducted according to the prevailing legislation and relevant information provided by Temporary Staff.

11. Payments are made on a weekly basis in respect of the hours worked by Temporary Staff in the previous week as long as timesheets are submitted promptly and signed by a person authorised to do so on behalf of the client.

12. Temporary staff will not be paid for absence due to sickness.

13. Temporary Staff must give one week's Notice to United Medicare of any holiday or any intention that they no longer wish to work for United Medicare.

14. United Medicare may instruct Temporary Staff to end an assignment with the client at any time.

15. Temporary Staff should be permanent residents of the United Kingdom or there should be no reason stated on their passport (in the case of a foreign national) why they should not be allowed to work through United Medicare. Documentary proof is required by United Medicare.

16. Temporary Staff supplied through United Medicare must not do anything which might be contrary to the Working Time Regulations 1998. Temporary Staff at Staff Grade, Clinical Assistant and Consultant levels are able to exercise their paid annual leave entitlement under the Regulations, and must notify United Medicare immediately of their intention to do so giving the required Notice period.

DECLARATION

I give my permission for United Medicare to contact my Occupational Health Department, Specialist or GP to seek further information on any aspect of the information contained within this Health Statement.

I have read and understood the above terms and conditions and confirm my agreement to them. I confirm that all information given is correct to the best of my knowledge.

Print name..... Signature..... Date.....