

## Personal Details

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 Ins. No:
Previous Surname:	Nationality:
Address (Current):	Address (Permanent):
Postcode:	Postcode:
At address since:	

## Bank Details

Sort Code:	Account Name:
Bank:	Account No:
Branch:	B.Soc. Roll No:
Address:	P 45 enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode:	P 46 enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Tax status: PAYE <input type="checkbox"/> Ltd Company <input type="checkbox"/>
	Are you VAT reg? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Right to Work

Document Type:	EEA/UK Passport <input type="checkbox"/>	Work Permit <input type="checkbox"/>
	Working Holiday Visa <input type="checkbox"/>	UK Ancestry Visa <input type="checkbox"/>
	Accompany Spouse Visa <input type="checkbox"/>	Spouse of Permit Holder <input type="checkbox"/>
	Other <input type="text"/>	

<b>Passport No:</b>	<b>Expiry Date:</b>
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## Next of Kin

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

## Availability & Requirements

Available for (tick as appropriate):

Full Time  Part Time  Evenings  Weekends

Available from:

Working full time? What is your notice period?

Geographical areas of the UK you prefer to work in:

Would you consider working away from home?

Yes  No

Do you have a valid UK driving licence?

Yes  No

Current Pay Rate:

£  Per hour/Annum Limited/PAYE

Additional Notes:

## Professional Qualifications

University

Training Institution

Qualification

Date of Graduation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Professional Registration

Professional Body:

Member Number:

Professional Body:

Member Number:

## Work Experience

Please complete giving your most recent employment first and then continue to cover your last 10 years. You may need to continue on additional notes (this must contain all dates including study and travel periods).

Employers name

Grade/Speciality

Date

Duties/Notes

<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>

## Additional Notes:

## References

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

Full name:

Position:

Organisation:

Address:

Postcode:

Telephone Number:

Email Address:

Full name:

Position:

Organisation:

Address:

Postcode:

Telephone Number:

Email Address:

I give consent for The Locum Practice Ltd 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 need not result in you being excluded from obtaining a position. The nature of 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, not entitled to withhold any information about convictions, even if they are regarded as "spent" convictions under the provisions of this act. Failure to declare a conviction may require us to exclude you from The Locum Practice Ltd. register or terminate an assignment if the 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 CRB check?

Yes  No

## Professional Misconduct

Have you ever been subject of professional misconduct proceedings or any such proceedings pending or threatened against you?

Yes  No

If Yes, please give details:

## Working Time Regulations

The Working Time Regulations 1998 stipulate that employers will limit your average weekly working time to 48 hours unless you agree to work outside that limit. The Locum Practice wishes to have an agreement with you. It proposes an agreement on the basis that:

- 1. The 48 hour limit on average weekly time will not apply to you.**
- 2. You may terminate this agreement by providing The Locum Practice written confirmation (4 weeks notice period).**
- 3. Upon the expiry of the notice period the working week limit shall apply with immediate effect.**

The Locum Practice is obliged to maintain up to date records relating to your working time. This is the case whether or not you take up this agreement to waiver your working time limits.

I hereby agree that the Working Week Limit shall not apply

Yes  No

## Declaration

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

I agree to abide by The Locum Practice Terms & Conditions and give consent to The Locum Practice to apply for a criminal records bureau disclosure.

I declare that the information given, as well as any documentation forwarded on (including Curriculum Vitae) is accurate and that I will immediately notify The Locum Practice 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 The Locum Practice Ltd for any loss of profits incurred.

Signed:

Date:

Name: