

GENERAL PERSONAL DETAILS:

TITLE: _____
 SURNAME: _____
 FORENAME(S): _____
 MARITAL STATUS: _____
 DATE OF BIRTH: ____/____/____
 GENDER: _____
 ADDRESS 1: _____
 ADDRESS 2: _____
 CITY: _____
 COUNTY: _____
 POST CODE: _____
 COUNTRY: _____
 TEL1: _____
 TEL2: _____
 OTHER No: _____
 FAX: _____
 MOBILE: _____
 E-MAIL1 _____
 E-MAIL2: _____

NEXT OF KIN:

TITLE: _____
 SURNAME: _____
 FORENAME(S): _____
 RELATIONSHIP: _____
 ADDRESS1: _____
 ADDRESS2: _____
 CITY: _____
 COUNTY: _____
 POST CODE: _____
 TEL1: _____
 TEL2: _____
 MOBILE: _____
 FAX: _____
 E-MAIL1: _____
 E-MAIL2: _____
 GP Name: _____
 GP Address: _____
 GP Telephone: _____

HOW DID YOU HEAR ABOUT US:

PRINTED ADVERT	<input type="checkbox"/>	ONLINE REGISTRATION	<input type="checkbox"/>
WEB ADVERT	<input type="checkbox"/>	AGENT	<input type="checkbox"/>
WORD OF MOUTH	<input type="checkbox"/>	OTHERS	<input type="checkbox"/>

IMMIGRATION STATUS

Nationality: _____ Type of the current visa: _____
 Proof provided: _____ Valid from _____ To _____

TYPE OF ENGEEMENT

Please tick as appropriate and provide information accordingly:

<u>TYPE</u>	<u>YES</u>	<u>NO</u>	ONLY Healthcare professionals who render the service without Client's supervision) are allowed to work through Limited Companies, or Self employed all others must be working as PAYE. Self Employed and Sole Traders are solely responsible for paying their Tax and National Insurance liabilities to the Inland Revenue. CES Locums will be handling the Income Tax and Employee's National Insurance Contribution for PAYE workers
PAYE			
LIMITED COMPANY			
SELF EMPLOYED			
SOLE TRADER			

REQUIRED DOCUMENTS:

Please provide all documents listed under your profession, you can send the missing documents once they become available
<ul style="list-style-type: none">• Doctors
<ul style="list-style-type: none">• Up to date CV
<ul style="list-style-type: none">• Valid proof of registration with the GMC
<ul style="list-style-type: none">• Proof of registration on the GMC Specialist Register (if applicable)
<ul style="list-style-type: none">• Proof of registration on the GMC GP register (for GPs only)
<ul style="list-style-type: none">• Proof of valid professional indemnity insurance (must be in English)
<ul style="list-style-type: none">• Proof of right to work in the UK, if you are not a UK or EEC national you will need to produce your passport, visa and the home office letter
<ul style="list-style-type: none">• Names of two professional referees within the specialty you would like to work in
<ul style="list-style-type: none">• Proof of inclusion on a UK (England, Scotland and/or Wales) medical performers list
<ul style="list-style-type: none">• Certificates of Specialist Qualifications (when applicable)
<ul style="list-style-type: none">• Certificates of relevant previous trainings
<ul style="list-style-type: none">• Post graduate Medical Education and Training Certificate or proof of exemption from trainings for EEC Nationals
<ul style="list-style-type: none">• Valid Occupational Health Report must be clear and in English, and preferably done in the UK including (Hepatitis B, Hepatitis C, Rubella, Varicella and TB Clearance)
<ul style="list-style-type: none">• Vaccination record
<ul style="list-style-type: none">• International English Language Testing System Certificate (IELTS) if applicable
<ul style="list-style-type: none">• Proof of valid Section 12 approval for none training grades in Psychiatry
<ul style="list-style-type: none">• CRB Disclosure (please send the completed filled dated and signed CRB Application form with the required supporting documents)

DECLARATION

- I CONFIRM THAT I AM 18 YEARS OF AGE OR OVER.
- I ACKNOWLEDGE THAT NEITHER CES LOCUMS, NOR IT'S EMPLOYEES HOLD ANY RESPONSIBILITY OR LIABILITY WHATSOEVER FOR THE SERVICES I PROVIDE, NOR THE CONSEQUENCES OF THE PROVISION OF SUCH SERVICES, INCLUDING PERSONAL ACCIDENT, DAMAGE TO THE CLIENT'S PROPERTY etc.
- I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- I HAVE READ AND AGREE TO ABIDE FULLY BY THE TERMS AND CONDITIONS OF WORKERS OF CLICAL EMPLOYMENT SERVICES LIMITED T/A CES LOCUMS.

SIGNED: _____

DATE: _____

PROFESSION'S QUESTIONNAIR:

Please specify your profession by ticking the appropriate boxes				
Profession	Tick	Work Type	Tick	Notes, including computing systems
Doctor		Surgery		
GP		OOH		
		HMP		
		MOD		
		Other		
Hospital		Specify Grades & Specialties Below		
Pharmacy				Notes, including computing systems
Pharmacist		Retail		
Dispenser		Lloyds		
		Tesco		
		ASDA		
		Sainsbury's		
		Boots		
		Alliance		
		Independent		
		Other, please specify below		
		Hospital		Notes, including computing systems
		MI		
		Aseptic		
		Dispensary		
		Production		
		Other, please specify below:		
Nursing		Elderly		
Registered Nurse		Psychiatry		
Healthcare Assistant		Medical		
		Surgical		
		Specialist, please specify below:		

STATE REGISTRATION WITH PROFESSIONAL BODY IN THE UK:

Professional Body:

GMC

RPSGB

HPC

NMC

Type of Registration:

FULL

LIMITED

PROVISIONAL

OTHER

Registration Number: _____

Specialist Registration: _____

Valid until: _____

PROFESSIONAL INDEMNITY INSURANCE

Do you have Professional Indemnity Insurance?

Yes

No

If the answer is yes, please provide details:

I undertake that I will inform Clinical Employment Services Limited / CES Locums of any changes to my registration status with the professional body also of any allegations, suspensions and any related issues.

I understand that Clinical Employment Services Limited / CES Locums will liaise and communicate with the professional body regarding any complaints about my professional conduct accrued during any work engagement through CES Locums.

Statement on Working Time Regulations (WTR)

The Working Time Regulations 1998 require Clinical Employment Services Limited / CES Locums to limit your average weekly working time to 48 hours unless you agree in writing that those limits shall not apply to you. In those circumstances you should complete the declaration set out below.

I agree that I do not want the Working Time Regulations to apply to me

Should I wish to terminate this agreement about the WTR, I shall give Clinical Employment Services Limited / CES Locums 4 weeks written notice.

HEALTH DECLARATION

IF YOU ANSWER ‘YES’ TO ANY OF THE QUESTIONS IN THIS SECTION, PLEASE GIVE DETAILS IN THE SPACES PROVIDED.

HAVE YOU EVER HAD:

	YES	NO	DETAILS (IF ANSWERED ‘YES’)
VARICOSE VEINS?			
DERMATITIS OR SKIN PROBLEMS?			
BLADDER OR KIDNEY PROBLEMS?			
DIABETES, THYROID OR OTHER GLAND PROBLEMS?			
DIGESTIVE OR BOWEL DISORDER?			
TYPHOID, PARATYPHOID OR DYSENTRY?			
BACK PROBLEMS?			
ARTHRITIS OR RHEUMATISM?			
DEPRESSION, MENTAL ILLNESS OR NERVOUS BREAKDOWN?			
BLACKOUTS, FITS OR ATTACK OF GIDDINESS?			
CHEST PAIN, HEART CONDITION OR RAISED BLOOD PRESSURE?			
TUBERCULOSIS, ASTHMA, BRONCHITIS OR CHEST COMPLAINTS			
ANY OTHER ACCIDENT, OPERATION OR ILLNESS?			
TREATMENT WHICH MIGHT AFFECT YOUR WORK?			
PHYSICAL DISABILITY? (e.g. SIGHT, HEARING etc.)			
ALCOHOL OR DRUG DEPENDENCE PROBLEM?			

PLEASE DECLARE YOUR OCCUPATIONAL HEALTH STATUS:

A valid occupational health report must be provided in addition to support the above declarations

	YES	NO	DATE
Varicella			
Tuberculosis			
Hepatitis B			
Hepatitis C			
HIV Testing			
Rubella			

CRIMINAL RECORD

Type of Criminal Record Clearance: CRB Disclosure: Police Clearance

Reference of Clearance Certificate: _____ Date of Certificate: _____

Carried by (Registered Body) _____

EXEMPTED QUESTION: Have you ever had a spent or unspent criminal conviction/s Yes No

If the answer is yes, please provide details on a separate sheet.

I hereby give my consent Clinical Employment Services Limited T/A CES Locums:

- To carry out Criminal Record Check with the CRB on my behalf
- Disclose my CRB information to Clients.

I understand that is my obligation to inform Clinical Employment Services Limited / CES Locums of any eventual changes to my Criminal Record Status immediately

SIGNATURE

DATE