

YOUR PERSONAL DETAILS

Your choice

Program: UKDOC UKPHARMA

About you

Mr / Mrs / ...:		Title:	
Surname:		Previous Surname(s)	
Forename(s)			
Gender:	<input type="radio"/> male <input type="radio"/> female	Date of Birth:	
Citizenship:		Country of Origin:	

How to contact

Street:		c/o:	
ZIP / City:		Country:	
Preferred Contact:		E-mail Address:	
Home Tel:		Work Tel:	
Mobile Tel:		Fax Number:	

Your profession

Profession/ Specialist:		Speciality:	
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YOUR REQUIREMENTS

To help us find the most appropriate work for you, please answer the following questions:

What are your preferred vocational areas of speciality?

Are there any vocational areas you would not consider?

What type of work are you looking for (please select)?

- Full Time / Temporary & Permanent
- Full Time / only Temporary
- Full Time / only Permanent
- Part Time / Temporary & Permanent
- Part Time / only Temporary
- Part Time / only Permanent
- Locum

In which geographical areas would you prefer to work?

Would you be prepared to live in hospital accommodation: Yes No

Do you hold a current driving licence and if so what type? (e.g. British, International)

Do you have your own means of transport? Yes No

If currently working full-time, how much notice are you required to give?

From what date will you be available to start work? (DD/MM/YYYY)

YOUR RIGHT TO WORK DOCUMENTATION

Please select ONE(!) of the following:

- | | |
|---|--|
| <input type="radio"/> UK Passport | <input type="radio"/> Accompanying spouse Visa |
| <input type="radio"/> Work Permit | <input type="radio"/> UK Ancestry Visa |
| <input type="radio"/> Spouse of permit holder | <input type="radio"/> Permit-free training |
| <input type="radio"/> Working Holiday Visa | <input type="radio"/> EU / EEA Passport |
| <input type="radio"/> Practising doctor in the UK before 01/04/1985 | |

Please give further information:

Which Country's Passport you have?

YOUR EDUCATION HISTORY

Please give us some details (e.g. primary & secondary school, military service)

Type of education	from	to	Grade

YOUR PROFESSIONAL QUALIFICATIONS

Institution	Qualification	Date Commenced	Date Qualified

Are you a member of any professional body inside or outside the UK? If yes, please give details: (e.g. GMC or RPSGB)

If you are registered at the GMC or RPSGB, under which reg-no.:

Expire date of your GMC or RPSGB registration? (MM/YYYY)

YOUR WORK HISTORY

Employer / Organisation	Dates (from/to)	Grade	Post	Area of responsibility



Application Form for Medical Doctors & Pharmacists (UK)

YOUR TRAINING DETAILS

Have you completed an approved lifting/manual handling programme?	<input type="radio"/> Yes	<input type="radio"/> No
Date:	(DD/MM/YYYY)	
Have you completed a course in Basic Cardiopulmonary Resuscitation?	<input type="radio"/> Yes	<input type="radio"/> No
Date:	(DD/MM/YYYY)	
Have you completed a course in Advanced Cardiopulmonary Resuscitation?	<input type="radio"/> Yes	<input type="radio"/> No
Date:	(DD/MM/YYYY)	
Have you completed a course in Control & Restraint Techniques?	<input type="radio"/> Yes	<input type="radio"/> No
Date:	(DD/MM/YYYY)	

CONTINUED PROFESSIONAL DEVELOPMENT

Course Name	Location	Date	Additional Information

YOUR REFEREES

Please give the names and addresses of your referees. One referee should be your current or most recent employer. If you would like us to check with you before contacting your referees please check this box:

Referee number 1	Referee number 2
Name:	Name:
Position:	Position:
Address:	Address:
Tel:	Tel:
Fax:	Fax:
E-mail:	E-mail:

YOUR HEALTH RECORD

What is your Height in cm?

What is your Weight in kg?

Do you currently, or have you in the past suffered from any disorders relating to the following systems?

- Respiratory (including asthma, pneumonia, breathless or allergies) Yes No
- Cardiovascular (including high blood pressure or chest pains) Yes No
- Gastrointestinal (including dysentery, typhoid or any skin infection) Yes No
- Central Nervous (including headaches, migraine, fits or epilepsy) Yes No
- Genito-urinary (including any kidney or bladder infections) Yes No
- Dermatological (including eczema, dermatitis or any skin infection) Yes No
- Endocrinology (including diabetes, thyroid or gland disorder) Yes No
- Haematological (including low red blood cell count) Yes No
- Locomotor (including rheumatoid arthritis, prolonged backache or disc trouble) Yes No
- Have you any known allergies? Yes No
- Have you ever taken an overdose of drugs? Yes No
- Do you have a history of mental illness? Yes No
- Do you have a medical condition affecting sleep? Yes No
- Is there any medical reason why you should not work at night? Yes No
- Are you pregnant? Yes No

Have you any reason to believe that you should not work currently, for example:

- Exposure to notifiable disease? Yes No
- Are you currently under medical supervision or taking any medication? Yes No
- Have you ever been treated for abuse or addiction to any substances? Yes No

If the answer to any of the above questions is yes or you are currently taking any medication, please give further details:

Have you had any illness or operation not mentioned other than childhood illness? Yes No

If yes, please give further details:

Would you be prepared to attend a medical examination? Yes No

There may be times when we need further information from your Occupational Health Department or GP, please tick the following box for your authorisation to do this. Yes No

CONTINUED YOUR HEALTH RECORD

Are you hard of hearing or wear a hearing aid? Yes No

Do you wear spectacles or contact lenses or have any defect of sight? Yes No

How many days sick leave have you had in the last 12 months? Please give reasons and duration of each episode in the space below:

Most recent chest X-Rays

Do you smoke? Yes No Daily:
Weekly:

Do you drink alcohol? Yes No Daily:
Weekly:

YOUR VACCINATION RECORD

Have you had any of the following vaccinations/screenings?

Hepatitis B Vaccine	<input type="radio"/> Yes <input type="radio"/> No	Date:
Hepatitis C screen	<input type="radio"/> Yes <input type="radio"/> No	Date:
Tuberculosis (B.C.G.)	<input type="radio"/> Yes <input type="radio"/> No	Date:
Positive Heaf Test	<input type="radio"/> Yes <input type="radio"/> No	Date:
Tetanus (Most recent booster)	<input type="radio"/> Yes <input type="radio"/> No	Date:
Rubella Screening Test	<input type="radio"/> Yes <input type="radio"/> No	Date:
Oral Polio	<input type="radio"/> Yes <input type="radio"/> No	Date:
Typhoid	<input type="radio"/> Yes <input type="radio"/> No	Date:
Diphtheria	<input type="radio"/> Yes <input type="radio"/> No	Date:
Chicken Pox	<input type="radio"/> Yes <input type="radio"/> No	Date:

Please also provide documentary evidence (a copy of original certification) or a letter from your G.P. together with this application form. Hospitals in the UK may not employ healthcare workers unless they are able to produce documentary evidence regarding hepatitis B status.

PROFESSIONAL CONDUCT

Rehabilitation of Offenders Act 1974

Virtually all the assignments we arrange are with clients who are exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1985. Applicants are therefore not entitled to withhold information about any convictions which for other purposes are 'spent' under the provision of the Act. Any information given will be completely confidential and will be considered in relation to an application for the positions to which the order applies. Please tick the box below if you have no such convictions to declare. If not please contact us for advice.

I have no convictions to declare

Police Checks

In positions where you will have substantial access to children, the sick or vulnerable you will be required to have a British Police Criminal Record check, which will identify all past convictions, including those passed as "spent". Please note: many employers now require a police check for all healthcare professionals.

Do you have such a Police check?

Yes No

If you are from outside the UK, please apply for a police check in your home country before travelling to the UK. If you reside in UK please contact your nearest police station and request the following forms 'Data Protection Forms: Request for access to Information held on Police Computers'.

Professional Misconduct

Have you ever been the subject of professional misconduct proceedings or suspensions from an employer, or are such pending or threatened against you either in the UK or abroad?

Yes No

If yes please give details:

AIDS / HIV infected healthcare workers (All healthcare professions)

I confirm that I am aware of the Department of Health's guidelines on AIDS/HIV infected healthcare workers issued in April 1993 and agree to abide by these recommendations. (tick box below)

I confirm

Clothier Clearance (Beverly Allit Report)

I confirm that I am aware of the Department of Health's guidelines and agree to abide by these recommendations. (tick box below)

I confirm

I declare that all the information I have provided above is correct and that I will immediately notify pm - recruitment of any changes.

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(Date, Signature)