medecho
MEDICAL RECRUITMENT SPECIALISTS

Crown Commercial Service | NHS Collaborative Procurement Partnership | HEALTHTRUST EUROPE | NHS SCOTLAND | HSC | REC Member | QMS ISO 9001 REGISTERED

Registration Form

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

Personal Details

Surname: _____ Forenames: _____ Title: _____

GMC No: _____ Date of Birth: _____ Age: _____

Mobile No: _____ Work Tel: _____ Bleep: _____

(Please indicate each character of your email clearly) Home Tel _____

Email Address: _____

Current Address: _____

_____ Post Code _____

Professional Membership

Please confirm you are aware of the GMC's performance monitoring process and have made arrangements to be appraised regularly by an appropriate trained medical practitioner entered in the Specialist Register?

Name and contact details of a registered medical practitioner who has agreed to act as your appraiser:

_____

Date of appraisal: _____ Date of next appraisal: _____

Professional Indemnity: We recommend that you take membership of a Medical Defence Organisation. If you are already a member please provide details of your membership. Please forward a copy with your application.

Body: _____ Policy Number: _____ Expiry Date: _____

Please Send

Right to Work in the UK

Are you a British Citizen / European Economic Area (EEA) National? If no, what is your visa status? Yes ☐ No ☐

(please enclose a copy of your passport, entry stamp or visa) _____

_____

Next of Kin Details

Name: _____ Relationship: _____ Tel Day: _____

Address: _____ Tel Evening: _____

Referees

1. Name: _____ Position: _____ Tel: _____

   Work Address: _____

2. Name: _____ Position: _____ Tel: _____

   Work Address: _____

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Medical Questionnaire

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This confidential health screening is undertaken to limit the risk of your health being detrimentally affected by your work and to ensure you are fit to undertake the duties of the role for which you have applied. You may be contacted by our Occupational Health Department for further information if required. This information is assessed by Medecho Ltd Occupational Health Department and is governed by the Data Protection Act 1998.

Personal Details

Surname: _____ Forenames: _____

DOB: _____

Medical History

Please complete the following questionnaire:

Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	Yes ☐ No ☐
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	Yes ☐ No ☐
Are you having, or waiting for treatment (including medication) or investigations at present?	Yes ☐ No ☐
Do you think you may need any adjustments or assistance to help you to do the job?	Yes ☐ No ☐

Have you suffered from any of the following?

methicillin resistant staphylococcus aureus (**MRSA**)	Yes ☐ No ☐
Clostridium Difficile (**C-Diff**)	Yes ☐ No ☐

Additional Information

If you have answered yes to any of the above medical questions please provide details including dates, diagnosis, and treatment.

_____

_____

Chicken Pox or Shingles

Have you ever had chicken pox or shingles? Yes ☐ No ☐

BBV (Blood Borne Virus)

Have you ever come into contact with any BBV's? Including Needle Stick Injuries? Yes ☐ No ☐

Immunisation History

Have you had any of the following immunisations?

Triple vaccination as a child (Diptheria / Tetanus / Whooping cough)	Yes ☐ No ☐
Polio	Yes ☐ No ☐
Tetanus	Yes ☐ No ☐
Hepatitis B (If Yes is ticked please give dates below)	Yes ☐ No ☐

Course: (1) _____ (2) _____ (3) _____

Boosters: (1) _____ (2) _____ (3) _____

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Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)

Have you lived outside the UK or had an extended holiday outside the UK in the last year? Yes ☐ No ☐

(If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.)

_____

_____

Have you had a BCG vaccination in relation to Tuberculosis? Yes ☐ No ☐

If you answered yes, please state when; Date: _____

Do you have any of the following

A cough which has lasted for more than 3 weeks	Yes	☐	No	☐
Unexplained weight loss	Yes	☐	No	☐
Unexplained fever	Yes	☐	No	☐
Have you had tuberculosis (TB) or been in recent contact with open TB	Yes	☐	No	☐

Additional Information

(If you have answered yes to any questions above please provide additional information below)

_____

_____

Proof of Immunity

Please send all proof of immunity and pathology reports

Varicella:	You must provide a written statement to confirm that you have had chicken pox or shingles however we **strongly advise** that you provide serology test result showing varicella immunity.
Tuberculosis:	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result. **(Do not Self Declare)**
MMR:	Certificate of **"two"** MMR vaccinations or proof of a positive antibody for Rubella and Measles.
Hepatitis B:	You must provide a copy of the most recent pathology report showing titre levels of 100Iu/l or above.

Exposure Prone Procedures Only

For doctors undertaking exposure prone procedures (EPPs) please address items below. Exposure prone procedures are those where there is a risk that injury to the doctor could result in their blood contaminating a patients open tissues. Exposure prone procedures occur mainly in surgery.

Are you likely to undertake exposure prone procedures (EPPs) in your work? Yes ☐ No ☐

Hepatitis B: (Surface Antigen)	Evidence of Hepatitis B Surface Antigen Test (Inc. 'e' antigen and DNA viral loads if applicable)
Hepatitis C:	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable)
HIV:	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable)

Reports must be an identified validated sample. (IVS)

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Declaration

Applicants for locum medical positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecution or conviction, including those considered 'spent' under this Act.

Have you ever been convicted of a criminal offence or the subject of any investigations which might lead to a conviction? Yes ☐ No ☐

If yes, please provide details of the criminal offence, including the offence, approx date, authority and country which dealt with the offence:

Have you ever been the subject to any 'Fitness to Practice' proceedings? Yes ☐ No ☐
Have you ever been suspended from duty with any organisation or with the GMC? Yes ☐ No ☐

If yes, to either of the above, please provide details of the nature of the proceeding including date, country and name of regulatory body:

I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return. Yes ☐ No ☐

Regulation 4 of the Working Time Directive requires that a worker's average working time must not exceed 48 hours per week unless the worker agrees in writing to exceed the limit. By signing this document, you are agreeing with Medecho Ltd to opt-out of the Working Time Directive al-lowing you to lawfully work more than 48 hours per week. The 48-hour limit on average weekly time will not apply to you. You may terminate the agreement (so the 48-hour time limit would apply to you) by giving Medecho Ltd 1 weeks' notice.

I confirm that I have read this document fully and that all the information given to Medecho is correct to the best of my knowledge. I am not aware of any condition, medical or otherwise, which would limit or affect my employment or performance.

I acknowledge that I have been given a copy of the current terms and conditions of service and Staff Handbook issued by Medecho Ltd, and that I have read, understood and agree to abide by them. I can confirm that I am happy to agree with the Working Time Regulation notes as detailed within this document. I understand that Medecho Ltd will process my personal data in accordance with General Data Protection Regulations for the purposes of seeking employment opportunities. I authorise disclosure of my personal data to such third parties as Medecho Ltd sees appropriate.

Name: _____ Date of Birth: _____

Date: _____ Signature: _____