

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 RPSGB registration and passport)

Date of Birth _____ Country of Origin _____

Current Address _____
_____ Postcode _____

Permanent Address (if different) _____
_____ Postcode _____

Home Tel. No _____ Work Tel. No _____

Ext./Beep _____ Mobile No _____

E-mail
(Please indicate accurately each character of your e-mail address including full stops, commas etc.)

RPSGB Number _____ Renewal Date _____

PCT Number _____

Next of Kin Name _____ Relationship _____

Address _____

Mobile No _____

Telephone No _____

RIGHT TO WORK IN THE UK

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

	(please tick)	Expiry Date
European Economic Area (EEA) national / Citizen	<input type="checkbox"/>	_____
I hold a work permit	<input type="checkbox"/>	_____
I am undertaking Permit Free Training	<input type="checkbox"/>	_____

WORK EXPERIENCE

Employers name	Grade/Speciality	Date	Duties/Notes
		to	
		to	
		to	

PROFESSIONAL QUALIFICATIONS

Institution	Qualification	Date Commenced	Date Qualified

CONTINUED PROFESSIONAL DEVELOPMENT

Please list below details of any relevant courses completed (please enclose copy certificates):

Course Name	Location	Date

YOUR REQUIREMENTS

Type of work preferred?

Community	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>
Permanent	<input type="checkbox"/>	Locum	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	Weekdays	<input type="checkbox"/>

Pharmacy computer experience _____

Current Pay Rate £ _____ Per hour/month/annum Limited/PAYE

Do you hold a current driving licence and if so what type? e.g. British, international, etc. _____

Do you have your own means of transport? Yes ☐ No ☐

How did you hear of us? Internet ☐ Advertisement ☐ Recommendation ☐ Other (Please specify) _____

Which advert? _____

ACCREDITATIONS

Medicines Use Review ☐ Chlamydia Screening ☐ Repeat Prescribing ☐

PROFESSIONAL MISCONDUCT (ALL APPLICANTS)

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? If yes please give details (please attach additional sheet if required): Yes ☐ No ☐

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 proceeding 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 you have professional indemnity, please indicate which organisation and state policy number:

Organisation _____ Policy number _____ Renewal date _____

CRIMINAL CONVICTIONS

Applicants for locum medical and allied healthcare 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 criminal 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.

REHABILITATION OF OFFENDERS ACT 1974 (ALL APPLICANTS)

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 sign your name below if you have no such convictions to declare. If you please contact us for advice.

Signed _____

Date _____

POLICE CHECKS (UK BASED APPLICANTS) - CRB CHECK.

NHS Trusts and private hospitals now insist on checks by the Criminal Records Bureau. If you have not already applied for a CRB check, we strongly recommend that you do it now. Please forward a disclosure with your completed registration form, if you have this available.

Do you have such a police check? Yes ☐ No ☐

YOUR REFEREES

Please give the names and addresses of your referees. One referee should be your current or most recent employer, please note: we will only contact your referees once we have your approval to do so. Please tick if you require us to check with you before we do. ☐

Name _____

Name _____

Position _____

Position _____

Address _____

Address _____

Tel _____

Tel _____

Fax _____

Fax _____

E-mail _____

E-mail _____

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

Signed _____

Date _____

YOU MUST ENCLOSE COPIES OF SUPPORTING DOCUMENTATION

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