

Health Declaration (please sign before returning)

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. Furthermore, I am not aware of any condition, medical or otherwise, which would limit or affect my employment or performance. I understand to inform the agency of any serious changes to my health.

I agree that if I give or have given false or misleading information or omit to give relevant information, this may result in termination of assignment without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profits to **Connect Locums**.

I acknowledge that I have been given a copy of the current Terms and Conditions of Service and Code of Practice issued by **Connect Locums** which is mine to keep and that I have those terms and agree to abide by them.

Signed **Print Name**

Date.....

Criminal Convictions Declaration

Have you ever been convicted of an offence other than a Road Traffic Violation? (please tick)

Yes No

If 'Yes', please give details:

I consent to the above information being checked against Police Authority records and I am aware that any 'spent' convictions will be disclosed.

Signed **Print Name**

Date.....



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Website: www.connectlocums.com

Candidate Registration Form

Please complete, attach your up to date CV, copies of your qualifications and provide the names of two work referees.

Personal Details

Profession (Pharmacist/Pharmacy Technician): delete as appropriate

Title: Forename(s): Surname:

Gender: Date Of Birth:

Speciality: Grade:

Address:

Postcode:

Home Tel: Work Tel:

Mobile Tel: Email:

Nationality: NI Number:

Professional Society Membership

Society Name: Membership Type:

Membership Number: Renewal Date:

Availability For Locum Positions

From: To:

Preferred type of assignment (please tick):

Short Term Long Term Permanent Weekends Other

Qualifications

Qualifications	University/Institution	Date From	Date To

Professional Employment History

Please start with current or recent employment.

Position	Grade	Employer	Date From	Date To

Two Referees (provide two professional references)

1) Full Name:	Job Title:
Organisation:	
Address:	
Tel No:	Fax No:
Email:	
2) Full Name:	Job Title:
Organisation:	
Address:	
Tel No:	Fax No:
Email:	

Medical Questionnaire and Declaration of Health

Title: Forename(s): Surname:

Please indicate whether you have suffered from any of the following illnesses? (please tick)

- Back Strain Typhoid/Dysentery Tuberculosis Diabetes
 Gastro-Enteritis Epilepsy/Blackouts Allergies Heart Disease
 Bronchitis/Asthma High Blood Pressure
 Nervous Breakdown/Mental Disorder Chest Pain/Shortness of Breath
 Any Serious Accident/Operation Any Other Condition/Disability
 Are You Registered Disabled?

If you have answered to any of the above conditions, please give details on a separate sheet.

Have you had any physical, mental, or related problems which might prejudice you undertaking an assignment? (Please tick) Yes No

If 'Yes', please give details on a separate sheet.

Date of Last Chest X-ray: Result:

Have you worked in an environment where MRSA has been diagnosed? (Please tick) Yes No

Vaccination Dates:

Hepatitis A: Hepatitis B & C: Tetanus:

Diphtheria: Tuberculosis: Rubella:

Typhoid: BCG: Poliomyelitis:

Date of Last Medical Examination:

Have you suffered from diarrhoea, sore throat, or skin trouble within the last month? (Please tick) Yes No