

# Locum doctor application form



1 Olympic Way  
Wembley  
Middlesex HA9 0NP  
Tel: 0845 468 0233 (24/7)  
0750 777 3405 (24/7)  
0207 663 8050  
Fax: 0845 468 0250  
Email: jobs@connectlocums.com  
Website: www.connectlocums.com

Title/Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Tel. (home) \_\_\_\_\_ Tel. (work) \_\_\_\_\_  
Email \_\_\_\_\_ Mobile \_\_\_\_\_  
Date of Birth \_\_\_\_\_ NI Number \_\_\_\_\_  
Name of Bank or Building Society \_\_\_\_\_  
Address \_\_\_\_\_  
Account Holder \_\_\_\_\_  
Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_

GMC Type  Full  Limited GMC Number \_\_\_\_\_  
Specialty required: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Qualifications with dates \_\_\_\_\_

Dates available for locum work \_\_\_\_\_

Do you hold the certificate in ionising radiation?  Yes  No Date Granted \_\_\_\_\_

**Criminal Convictions**  
To practice in the UK it is necessary for doctors to declare any offence for which they have been convicted.  
Do you have any convictions?  Yes  No  
If 'Yes', please give details \_\_\_\_\_

**Have you ever been the subject of professional misconduct proceedings or a suspension from a hospital, of such pending or threatened against you?**  Yes  No  
If 'Yes', please give details \_\_\_\_\_

**Working Time Regulations**  
I agree that I do not want Working Time Regulations' restriction of 48 hours per week to apply to me.

**On what basis are you entitled to work as a doctor in the UK?**

<input type="checkbox"/> EU citizen	<input type="checkbox"/> Admitted to the UK as a doctor before 1 April 1985
<input type="checkbox"/> Spouse of an EU citizen	<input type="checkbox"/> Work permit Expiry Date _____
<input type="checkbox"/> Right of abode in the UK	<input type="checkbox"/> Permit-free visa Expiry Date _____