

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 GDC 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.)

GMC/GDC Number _____ Full/Limited* _____ Renewal Date _____

*delete as appropriate

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:

- | | | |
|---|--|-------------------|
| European Economic Area (EFA) national / Citizen | (please tick) <input type="checkbox"/> | Expiry Date _____ |
| 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	

YOUR REQUIREMENTS

What are your preferred areas of speciality? _____

In which geographical area would you prefer to work? _____

How many patients are you able to see per day? _____

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? _____

PROFESSIONAL QUALIFICATIONS

Institution	Qualification	Date Commenced	Date Qualified

Are you on the specialist register? Yes No

NTN/VTN* Numbers if on SpR Training _____

*delete as appropriate

Do you hold an ionising radiation certificate? Yes No If yes, date it was granted _____

**Please provide a copy of the certificate and evidence of the core of Knowledge including authorisation from a Head of department if not included on the certificate.

CONTINUED PROFESSIONAL DEVELOPMENT

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

Course Name	Location	Date	Additional Information

DISCLOSURE

When working within the NHS, some hospitals will require you to provide a disclosure, which is obtained from the Criminal Records Bureau. **Please forward a disclosure with your completed registrations form.**

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 membership of a medical defence organisation. If you are already a member, please indicate which organisation and state policy number:

MPS/MDU/Other* _____ Policy number _____ Renewal date _____

*delete as appropriate

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

AIDS/HIV INFECTED HEALTHCARE WORKERS (ALL HEALTHCARE PROFESSIONALS)

I confirmed that I am aware of the Department of Health's current guidelines on AIDS/HIV infected healthcare workers and agree to abide by these recommendations. For the guidelines please see last page.

Signed _____

Date _____

CRIMINAL CONVICTIONS

Applicants for locum medical and dental 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 binging you over or a caution in the UK or any other country? Yes No

If yes, please provide details of the criminal offence, order binging 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. Failure to do so could delay/prevent you from working in the future.

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.

The Department of Health Occupational Guidance (April 1993) "Aids – HIV infected Health Care Workers; Guidance on the Management of infected Health Care Workers", in particular Section 5.1. if the document defines that the responsibility of employers including Agencies that:

"Health Authorities and National Health Service Trusts, must bring to the attention of new and existing Health Care Workers including Agency Staff and independent contractors, the Professional Regulatory Bodies' notices of ethical responsibilities and occupation guidance for Aids – HIV Infected Health Care Workers"

GUIDANCE ON THE MANAGEMENT OF HIV/AIDS INFECTED HEALTH CARE WORKERS

The Department of Health have issued (April 1993) Guidance on Aids – HIV infected Health Care Workers: Guidance on the Management of infected Health Care Workers. This advice has been endorsed by the Expert Advisory Group on Aids (EAGA).

United Dentacare has a responsibility to inform our staff as summarised in the key recommendations below. Your attention is also drawn to the ethical responsibilities of Health Care Workers, drawn up by the General Medical Council and the United Kingdom Central Council of Nursing, Midwifery and Health Visiting.

KEY RECOMMENDATIONS

1. All Health Care Workers should routinely follow the existing Department of Health general infection control policy and adopt safer working practices to prevent the transmission of HIV infection.
2. All Health Care Workers have an ethical duty to protect patients. Those who believe that they may have been exposed to infection with HIV in their personal life or during the course of their work must seek medical advice and, if appropriate, diagnostic HIV antibody testing.
3. HIV infected Health Care Workers should not undertake procedures that may place patients at even a remote risk of infection. These procedures are defined as exposure prone invasive procedures.*
4. All Health Care Worker found to be infected must seek appropriate medical and occupational advice and those who perform or assist in exposure prone invasive procedures* must obtain further advice on their work practices which may need to be modified or restricted to protect patients. The appropriate advice may be sought from the relevant Occupational Health Department at your Hospital.
5. HIV infected Health Care Workers who continue to work with patients must remain under close medical supervision and receive appropriate medical and occupational advice as their circumstances change.
6. Health Care Workers who are found to be HIV positive and who have performed exposure prone invasive procedures* whilst infected must cease these activities immediately and inform their employing authority so that they can decide what, if any, action is necessary.
7. Personal Physicians or Occupational Health Physicians who are aware that infected Health Care Workers under their care have not sought or followed advice to modify their practice, must inform the employing authority and appropriate body. Where a Health Care Worker is not a member of such a body, the physician will inform only the employing authority.
8. All matters arising from and relating to the employment of HIV infected staff will be coordinated by an Occupational Health Physician.
9. United Dentacare respects its duty to keep information on health confidential, and is not legally entitled to disclose that a member of staff has HIV infection, except where the staff member consents, unless to do so would be in the public interest. A discussion to disclose such information without consent must be carefully weighted. Those making such a disclosure may be required to justify their decision.

***Exposure Prone Invasive Procedures:**

Examples of procedures where infection might be transmitted are those in which hands may be in contact with sharp instruments or sharp tissues (spindles of bone or teeth) inside a patient's body cavity or open wound, particularly when the hands are not completely visible. Such procedures should not be performed HIV infected staff.