

Anaesthetists Agency

Record Information – Update Form

To view and edit this form, you will need to open the document in the most recent version of Adobe Reader. Adobe Reader is a free application and, if required, the latest version can be downloaded here: <https://get.adobe.com/uk/reader/>

To ensure we have the most up-to-date contact information and signed declarations as per the industry requirements, PLEASE COMPLETE THE ENTIRE FORM IN BLOCK CAPITALS. If in Google Chrome, when you open the file you will need to right click and save a copy to your desktop. If using a MAC, please only fill in using Adobe Acrobat/Reader.

Title Forenames Surname

(as held on the GMC or GDC Register)

Gender: Male Female

Current address

..... Post code

Home telephone number Work telephone number

Bleep Mobile number

Email NHS smartcard number

Contact details as held on the GMC Register if different:

Address

Post code Home telephone number

Date of birth National Insurance number

Next of kin

Relationship Emergency contact number

GMC/GDC

GMC or GDC number Licenced to practice YES NO

Revalidation Date

Appraisals

You are required to be appraised at least annually by a medical practitioner entered on the Specialist Register on the GMC's List of Registered Medical practitioners.

You should maintain a written portfolio of your professional experience and attendance at professional development courses, which should also include a written and agreed Personal Development Plan as agreed at your appraisal.

Date of most recent appraisal Month Year

Name of appraiser

Position of appraiser Appraiser's GMC no.

Appraisers contact details

Telephone number Email address

Hospital/Practice where appraisal took place

Responsible Officer

The NHS requires you to have a Responsible Officer as part of its Revalidation procedures. Please provide details:

Name of Responsible Officer

Responsible Officer's GMC no

Name of Designated Body

Qualifications

Please provide details of additional qualifications you have achieved.

Basic, eg MBBS, MCHB Date Country

Higher, eg MRC Date Country

..... Date Country

Do you hold an Ionising Radiation Certificate YES NO If yes, please enclose the original

Are you on the Specialist Register? YES NO If yes, please enclose a copy of your Letter of Entry

Do you hold Section 12(2) Mental Health Act 1983 approval? YES NO If yes, please enclose original certificate

Professional indemnity

We recommend you have personal professional indemnity insurance. If you already have this, please provide details of your membership and include a copy.

Defence body

Policy number Date

Criminal convictions/Fitness to Practice

By reason of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013, The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 and the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, the provisions regarding spent convictions of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders (Northern Ireland) Order 1978 do not apply to persons whose deployment is concerned with the provision of health services. You are therefore required to declare any prosecutions, convictions or cautions in line with DBS filtering guidance.

To read more about DBS filtering– please go to:

<https://www.gov.uk/government/publications/dbs-list-of-offences-that-will-never-be-filtered-from-a-criminal-record-check>

Have you any convictions of a criminal offence or cautions you need to declare as per the DBS filtering guidelines or are you currently the subject of a police investigation which might lead to a conviction or an order binding you over in the UK or any other country? YES NO

If 'Yes' please provide in the box below or on a separate sheet details of the criminal offence, the order binding you over, the caution or details of any current proceedings which might lead to a criminal conviction. You should include the approximate date, the offence and the authority and country that dealt with the offence. If applicable, include details of 'convictions' in a separate envelope addressed to the Managing Director and marked 'Private and Confidential'.

Anaesthetists Agency will either undertake an Enhanced DBS check and Barred List check (adult and child) before you are placed or a DBS Status Update Check and you are required to inform us if you have been or are the subject of any kind of investigation or prosecution by the police after this check has taken place in accordance with Clause 13 (Rehabilitation of Offenders Act and DBS).

Have you been or are you currently the subject of any 'Fitness to Practice' proceedings by an appropriate licensing or regulatory body in the UK or any other country? YES NO

Have you been suspended from duty with any organisation or with the GMC? YES NO

If 'Yes' to either of the above, please provide in the box below or on a separate sheet details of the nature of the proceedings undertaken or contemplated including approximate date, country where the proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

Having a criminal record will not necessarily bar you from working with us. This will depend upon the nature of the position and the circumstances and background of your offence.

Please include additional information here:

Doctor's Declaration

Please read carefully and then acknowledge your acceptance of each statement by signing each section below :

1 Criminal convictions/Fitness to practice

I declare that I will inform Anaesthetists Agency immediately if I am convicted of a criminal offence, bound over or cautioned, under investigation by the GMC, the subject of any 'Fitness to practice' proceedings or suspended from duty by any other employer/agency.

I am willing for Anaesthetists Agency to apply to the Disclosure and Barring Service (DBS)/Disclosure Scotland/Access Northern Ireland for the relevant Enhanced Disclosure or a DBS Status Update Check (supplying the original DBS certificate as necessary) and, if requested, forward confirmation of such to any hospital where I might be assigned.

YES NO

2 Right to work in the United Kingdom

I have Home Office and Department of Employment right to work through an agency in the UK. I declare that I know of no reason that prevents me from accepting agency locum assignments that are appropriate to my current entitlement to work in the UK.

YES NO

3 GMC/GDC

I declare that I will keep Anaesthetists Agency apprised of the arrangements I make to remain on the GMC's/GDC's List of Registered Medical Practitioners professional register and will advise immediately if there is any change to my GMC registration status including investigation or suspension.

YES NO

4 Working time

Regulation 5 of the Working Time Regulations 1998 require that a worker's average time must not exceed 48 hours per week unless the worker agrees in writing to exceed this limit.

If you are prepared to work more than 48 hours per week, please acknowledge this by signing below to enable us to pay you for any hours worked over the limit.

I agree that the limit of working 48 hours as Specified in Regulation 4 (1) of the Working Time Regulations 1998 shall not apply to me.

I will, however, ensure that I will:

- work no more than 6 days in a 7 day period, or 12 days in a 14 day period, and
- take a break from work of at least 11 consecutive hours in each 24 hour period

This agreement shall apply from today's date and can be terminated by my giving 7 day's notice.

YES NO

5 CV format

I understand that Anaesthetists Agency may need to change the layout and wording of my CV to put it in a format that is acceptable to trusts and hospitals.

If you are in agreement for your CV to be amended as appropriate, please sign below:

YES NO

6 Appraisal

I confirm that I have had an appraisal with the Doctor I named within this form. The appraisal was completed in line with the approved NHS Appraisal System which includes 360° feedback. In addition I confirm that the appraiser is appropriately trained to complete this appraisal.

YES NO

7 General declaration

I declare the information provided within this form is true and correct

I understand and agree to Anaesthetists Agency obtaining verification of the information provided as part of my Registration

I agree for the details contained within this Registration Form and associated documents to be shared with and confidentially retained by Anaesthetists Agency and any other approved companies within the remit of obtaining employment, patient safety and processing payment

I will inform Anaesthetists Agency immediately if there are any changes to the details contained within this Registration Form

I understand that Anaesthetists Agency is wholly owned by Holt Doctors Limited and, as different hospitals work under different supplier frameworks, I may be forwarded for roles under either company to ensure I am put forward for the best range of job opportunities – unless I inform you otherwise.

I understand I will be asked to confirm my good health, fitness to practice and GMC status at the start of every assignment

I will comply with the latest Department of Health guidelines regarding infection prevention practices, eg, HIV/AIDS, MRSA, Hepatitis B

I will comply with all NHS regulations currently in place

I will work as directed by the respective NHS Authority whilst on their premises

I confirm that the ticks in the box above are a valid means of establishing the authenticity and integrity of my signature to this Record Update Form and Doctor's Declaration. I understand that Anaesthetists Agency will hold this acceptance data on their files (the original signature is already held on your computerised file).

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Name Date Date of birth