

# Great Yarmouth and Waveney Out of Hours

## APPLICATION TO JOIN THE SESSIONAL DUTY DOCTORS LIST

Please enclose copies of documents where indicated. Failure to do so may delay your application.

GPs working for SEH are required to sign our Service Agreement, and to accept that the offer of work is at the discretion of SEH and is in accordance with our rota and membership policy.

GPs should be aware that the work of all clinicians is audited, and in occasional instances of sustained poor performance or poor teamwork GPs will after discussion, not be offered further shifts. GPs should also be aware that in some circumstances the Clinical Governance team of SEH may inform the Medical Director of the appropriate PCT, and in extreme circumstances the GMC, of any concerns that may arise from your work with us. Completion and submission of this form indicates acceptance by you of these conditions.

### PERSONAL DETAILS

Surname ..... Forename(s).....DOB.....

Home address.....

.....

Postcode.....

Home Tel No.....

Mobile No.....

Email.....

### EDUCATION DETAILS

Primary Medical Qualification .....

University / City / Country where obtained.....

Date obtained.....

### REGISTRATION DETAILS (Please enclose a copy of your Registration document and your up to date indemnity certificate)

GMC Reference Number..... Copy of Registration document enclosed? YES / NO

Medical Defence Organisation name..... Reference.....

CCT / PMETB / JCPGT Certificate Date..... Copy of Certificate enclosed? YES/NO

Which PCT Performers list are you on.....

Please list any previous PCT Performers Lists.....

South East Health Ltd  
Kingston House, The Long Barrow, Orbital Park, Ashford, Kent TN24 0GP  
Tel: 03000 242424 Fax: 01233 504051

Company No: 3193182 Registered office: Kingston House, The Long Barrow, Orbital Park, Ashford, Kent TN24 0GP

# Great Yarmouth and Waveney Out of Hours

Have you ever had your GMC registration or Performers List status qualified or suspended or restricted? Yes/No If so please give details.....  
.....  
.....  
.....

## **CRB (CRIMINAL RECORDS BUREAU) CHECK** (Please enclose a copy of your CRB check document)

Date of your most recent CRB check..... Copy enclosed? YES / NO

## **CURRENT EMPLOYMENT**

If you are currently employed e.g. within a GP practice or hospital please state below, and say in what capacity you are employed e.g. Non Principal, Registrar, Locum, etc.

--

## **PREVIOUS EMPLOYMENT**

Please give your previous employment details below (continue on an additional page if necessary)

Dates		Employer:	Employment capacity:
From	To		

## **ADDITIONAL INFORMATION**

Are you aware of any outstanding disciplinary matters which may affect your ability to practice?

If YES please provide full details.

--

## **Preferred hours of work?**

--

# Great Yarmouth and Waveney Out of Hours

**Preferred shift pattern?**

**Would you prefer to work:**

	<b>Yes</b>	<b>No</b>
Out of Hours		
In Hours		

**Which is your preferred base to work from?.....**

Please give any further information which you consider to be relevant to your application to join the sessional out of hours duty doctors list. (e.g. If you have previous out of hours working experience)

**REFERENCES**

Please give details of two referees below. The first reference should be your current / most recent employer. If you have previous out of hours working experience you should ensure that one of your referees is a responsible person from that organisation.

Reference 1		Reference 2	
Name		Name	
Address		Address	
Telephone:		Telephone	

**UNDERTAKING**

I confirm that the entries I have made on this application form are to the best of my knowledge and belief, true in all respects. I understand that if I have deliberately made a false statement on this form, any offer of potential sessional employment could be withdrawn.

I authorise South East Health Ltd to obtain references to support this application, and release the Company and referees from any liability caused by giving and receiving information.

Signed.....

Date.....

# Great Yarmouth and Waveney Out of Hours

---

**PLEASE ALSO PROVIDE:**

- **CV**
- **A copy of your Hep B status certificate**
- **A copy of your passport**
- **Evidence of your National Insurance number**