



DOCTOR APPLICATION FORM

Please complete all sections using CAPITAL LETTERS and return with required documents

PERSONAL DETAILS

Title:	Surname:
Forename(s):	Nationality:
Contact Address:	
Postcode:	National Insurance No:
Home Phone:	Mobile Phone:
Email:	
Do you own a car?	Date of Birth: / /
Sex:	GMC No: (FULL ONLY)

PROFESSIONAL MISCONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Are you aware of the GMS's performance monitoring process? YES <input type="checkbox"/> NO <input type="checkbox"/>

SPECIALITY

Which speciality would you like to work?

Speciality 1:	Speciality 2:
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NEXT OF KIN

Name:	Telephone:
Contact Address:	

DECLARATION OF HEALTH

Please state whether you have or have not suffered from any of the following. Where the question has prompted a 'yes' response please enter details in the comments box.

Description of Illness	YES	NO	Comments
Cardio/vascular illness including chest pain, high blood pressure, low blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>	
Eye disease/injury or defect of vision not corrected by glasses.	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma, bronchitis, pleurisy, pneumonia or other chest illness.	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes, thyroid or other glandular problems	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, frequent fainting attacks, giddiness or migraine	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken pox, German measles, poliomyelitis, dysentery, rheumatic fever, jaundice	<input type="checkbox"/>	<input type="checkbox"/>	
Any degree of hearing loss.	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A, B or C	<input type="checkbox"/>	<input type="checkbox"/>	
Prolonged or severe back ache, back injury, neck injury.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any illness that affects your mobility/movement?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking any prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been treated for any other serious illness/operations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer with dermatitis, psoriasis, melanoma or other skin complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any reasonable adjustments that an employer should make to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever suffered with depression, mental illness or a nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you any reason to believe you may be infected with a communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you knowingly been in contact with MRSA or worked within an MRSA environment?	<input type="checkbox"/>	<input type="checkbox"/>	

IONISATION RADIATION CERTIFICATE

Do you hold the certificate in Ionisation radiation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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VACCINATION STATUS

Hepatitis B - Initial Course	YES <input type="checkbox"/>	Enclosed Evidence <input type="checkbox"/>
Hepatitis B – Antibody Titre Result _____		Enclosed Evidence <input type="checkbox"/>

If 'No' please consult your appropriate occupation health department NHS Requirement is that a Hepatitis B surface antibody level should be over 100 iu/L from a test carried out in the UK within the last 5 year. Non -responders to the vaccine will need to show evidence of a negative surface antigen to prove non -infectivity to the virus.

Rubella	<input type="checkbox"/>	Varicella	<input type="checkbox"/>	Polio	<input type="checkbox"/>
BCG	<input type="checkbox"/>	Heaf/Mantoux	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>

Do you have natural immunity to:

Chickenpox	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
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Many hospitals are now insisting on seeing evidence of immunity to Rubella, Varicella and other viruses, preferably on a Pathology report, especially if doctors wish to work in Obstetrics and Gynaecology, Paediatrics and Accident & Emergency. An official Occupational Health Department immunisation record showing immunity will also be accepted by most hospitals.



Please assure us that you are aware and have read the department of health's guidelines on AIDS/HIV infected health care workers issued in April 1993 and the GMC's booklet serious communicable diseases - October 1997 and agree to abide by these recommendations.

Signed.	Date
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I declare that the answers given with this Declaration of Health are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to my removal from the Team24 register. I give Team24 permission to contact my GP to obtain further information if necessary.

Signed.	Date
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OCCUPATION STATUS

Your entitlement for working as a doctor in the UK is based upon what status:

EU Citizen	<input type="checkbox"/>	Spouse of an EU Citizen	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>
Permit-free Visa	<input type="checkbox"/>	Right of Abode in the UK	<input type="checkbox"/>	Admitted to UK as Doctor Prior to 1985	<input type="checkbox"/>

If you are an EEC Citizen please supply us with any of the following documents:

Original payslip with your National Insurance details Birth Certificate or copy of Passport.	Enclosed Evidence <input type="checkbox"/>
If your place of origin is outside the EEC, please provide supporting visa documentation and copy of passport	Enclosed Evidence <input type="checkbox"/>

Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 apply. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you at any time been convicted of an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes", please give details in the box provided.

It is a condition of proceeding with your application that you apply for an "enhanced" CRB disclosure or produce a disclosure which you have already obtained. Convictions and any other criminal record information obtained through the Criminal Record Bureau's Disclosure service will not necessarily be a bar to employment. All circumstances will be taken into account. However, any inconsistencies compared with the information given above may invalidate your application. It is a condition of engagement that clients will be informed of details of criminal convictions so that they may make an informed decision as to whether or not to engage a candidate on a temporary assignment.

CRB APPLICATION PROCESS

1. Call the CRB on **0870 90 90 822**
2. Quote Team24's **organisation number 24792500007**
3. Explain that it is through Team24 Ltd and that you require an Enhanced CRB
4. Complete the application over the phone.
5. The CRB will send out the completed application for you to check and provide any further information. Please ensure that you use black ink only and that you sign in the box.
6. Once you have checked the CRB application for accuracy, please immediately send the application (with payment of £36 made out to the CRB) to Team24 Ltd, 2nd Floor Pathtrace House, 91 -93 High Street, Banstead, Surrey. SM7 2NL

Do not send the application back to the CRB

REFERENCES

Please supply the names and work addresses of two clinical professional referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration.

1. Name:		Position
Work Address:		
Postcode	Telephone	Fax
Email		
In what capacity and how long has this person known you?		
May we contact your referee prior to an interview?		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Name:		Position
Work Address:		
Postcode	Telephone	Fax
Email		
In what capacity and how long has this person known you?		
May we contact your referee prior to an interview?		Yes <input type="checkbox"/> No <input type="checkbox"/>

DECLARATION

I confirm that the information given in this application is, to the best of my knowledge, true. I am permitted to work in the UK. I have read, understood and agree to the conditions of work for temporary nurses, of which I have been given a copy. I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau. I undertake to inform Team24 should I be convicted of an offence in the future. I undertake to inform Team24 immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment. I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Team24 not less than three months' notice. Your registration with Team24 can be terminated at any time following unsatisfactory work reports.

When registration is complete, Team24 will send you a detailed induction and information CD -Rom. Please confirm that you will spend time briefing yourself on Team24's policies and procedures before commencing work. The CR -Rom is also able to be viewed online at www.team24.co.uk.

Signed.	Date
PRINT NAME:	

APPLICATION CHECKLIST
(Please tick each area below)

- | | | |
|-----|--|--------------------------|
| 1. | Passport-sized photographs | <input type="checkbox"/> |
| 2. | FULL Registration GMC Certificate | <input type="checkbox"/> |
| 3. | Criminal Records Bureau Enhanced Disclosure | <input type="checkbox"/> |
| 4. | Evidence of current address | <input type="checkbox"/> |
| 5. | Passport | <input type="checkbox"/> |
| 6. | CV/Resume | <input type="checkbox"/> |
| 7. | Supplementary / Performers Listing (GP Only) | <input type="checkbox"/> |
| 8. | JCPTGP / PMETB Certificate (GP Only) | <input type="checkbox"/> |
| 9. | All immunisation evidence | <input type="checkbox"/> |
| 10. | A Copy of Professional Indemnity Insurance | <input type="checkbox"/> |

PAY

When working for Team24, you can be paid in one of the following ways:

PAYE: This means that Team24 becomes your main or second employer. This also means that we look after your tax and that you will get holiday and sick pay in line with statutory requirements.
Self-Employment: This means your earnings are paid direct to you. You would not be entitled to holiday or sick pay. It is your responsibility to pay your own tax and National Insurance contributions directly to the Inland Revenue (UK).*
Limited Company: This means that a limited company of your choice deals with all your financial requirements. There is no holiday or sick pay with this option. If you take this option then you will need to provide us with your Limited Company details.*

Disclaimer: Team24 reserves the right to disclose all personal and material information to the Inland Revenue if requested. *Please refer to point 22 of Team24's Terms & Conditions. Please tick and then sign for one of the following:

PAYE:	<input type="checkbox"/>	
SELF EMPLOYMENT:	<input type="checkbox"/>	(You will be paid gross. It will be your responsibility to pay your own tax and National Insurance)
LIMITED COMPANY:	<input type="checkbox"/>	(If you tick this option we will pay the Ltd Company Gross. The Ltd company will pay you directly. Please ensure that your company details are supplied)

Signed: _____ **Print Name:** _____

Date: ___ / ___ / ___

BANK DETAILS

Name of Bank:	Account Number:	Sort Code:
Address:		Account Name:

CONTRACT FOR SERVICES OF TEMPORARY WORKERS – TEAM24 LTD

1. DEFINITIONS

- 1.1 “Assignment” means the period during which the Temporary Worker is supplied to render services to the Client;
- “Client” means the person, firm or corporate body or unincorporated entity requiring the services of the Temporary Worker together with any subsidiary or associated company as defined by the Companies Act 1985;
- “Agent” means Team24 Ltd, 2nd Floor, Pathtrace House, 91-93 High Street, Banstead, Surrey, SM7 2NL;
- “Temporary Worker” means the Locum Doctor/Nurse/ODP or other temporary worker who agrees to and is provided with a copy of this contract for services.
- 1.2 Unless the context otherwise requires, references to the singular include the plural and refer ences to the masculine include the feminine and vice versa.
- 1.3 The headings contained in these Terms are for convenience only and do not affect their interpretation.

2. THE CONTRACT

- 2.1 These Terms govern the basis on which the temporary worker supplies their services to the client and they govern all Assignments undertaken by the Temporary Worker. However, no contract shall exist between the Client and the Temporary Worker between Assignments.
- 2.2 For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Agent and the Temporary Worker nor between the Temporary Worker and the Client. The Temporary Worker is engaged as a self-employed worker, although the Agent may be required to make statutory deductions from their remuneration in accordance with clause 4.2.
- 2.3 No variation or alteration of these Terms shall be valid unless approved by a director of the Agent in writing.

3. ASSIGNMENTS

- 3.1 The Temporary Worker agrees to provide their services to the Client during the Assignment in accordance with this Agreement.
- 3.2 The Temporary Worker acknowledges that the Assignment has been arranged by the Agent.
- 3.3 The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available. The Temporary Worker further agrees that suitability shall be determined solely by the Agent and that the Agent shall incur no liability to the Temporary Worker should it fail to offer opportunities to work.
- 3.4 For the purpose of calculating the average number of weekly hours worked by the Temporary Worker on an Assignment, the start date for the relevant averaging period under the Working Time Regulations shall be the date on which the Temporary Worker commences the first Assignment.
- 3.5 The Temporary Worker shall not be obliged to accept any Assignment arranged by the Agent.
- 3.6 The Temporary Worker may not under any circumstances introduce any other person to supply services in place of the Temporary Worker.
- 3.7 If during the course of an Assignment or within certain periods after the end of an Assignment or after an introduction where no assignment to take place the Client wishes to employ the Temporary Worker direct (or assist another body to employ the Temporary Worker direct), the Temporary Worker acknowledges that under certain circumstances the Agent will be entitled either to charge the Client an introduction fee or a period of extended hire.

4. REMUNERATION AND OBLIGATIONS

- 4.1 The Temporary Worker be supervised, directed and controlled by the Client during the Assignment.
- 4.2 The rate payable to the Temporary Worker by the Client shall be indicated as on the pay rate sheet as in force at the time of the Assignment. Although the Client shall be responsible for paying the Temporary Worker's remuneration and agreed expenses this, and accounting for PAYE and NI Contributions, shall be dealt with on behalf of the Client by the Agent.
- 4.3 The Temporary Worker shall during the Assignment: -
- Use all reasonable skill and care in the provision of their services
 - Co-operate with the Client's staff and accept the direction, supervision and instruction of any person in the Client's organisation to whom he is responsible
 - Conform to the Client's rules and regulations and normal hours and standards of work and practice
 - Take all reasonable steps to safeguard their own safety and the safety of any other person who may be affected by their actions
 - Avoid conduct detrimental to the interests of the Client

5. STATUTORY LEAVE

- 5.1 For the purposes of calculating entitlement to paid annual leave pursuant to Working Time Regulations 1998, the leave year commences on 1st October annually.
- 5.2 Under the Working Time Regulations 1998, the Temporary Worker is entitled to 4 weeks' paid leave per leave year. All entitlement to leave must be taken during the course of the leave year in which it accrues and none may be carried forward to the next year.
- 5.3 Entitlement to payment for leave accrues in proportion to the amount of time worked continuously by the Temporary Worker on Assignment during the leave year and is calculated according to the previous 12 weeks worked.
- 5.4 In the course of any assignment during the first leave year the Temporary Worker is entitled to request leave at the rate of one-twelfth of their total holiday entitlement in each month of their leave year. Where the Temporary Worker wishes to take any leave to which he is entitled, he should notify the Agent in writing of the dates of their intended absence. The Agent requires four weeks' written notice of intention to take holiday. This is to be sent to the holiday manager in the payroll department in the Banstead Head office.
- 5.5 None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Temporary Worker's status as a self-employed worker.
- 5.6 Temporary Workers who provide their services via an intermediary organisation or on a self-employed tax basis are not entitled to holiday pay.
- 5.7 No person shall be able to work for the Client whilst on annual leave.

6. SICKNESS ABSENCE

- 6.1 The Temporary Worker may be eligible for Statutory Sick Pay provided that he meets the relevant statutory criteria.

7. TIMESHEETS

- 7.1 At the end of each week of an Assignment (or at the end of the Assignment where it is for a period of one week or less or is completed before the end of a week) the Temporary Worker shall deliver to the Agent a time sheet duly completed to indicate the number of hours worked during the preceding week (or such lesser period) and signed by an authorised representative of the Client. Failure to submit a time sheet for hours worked may delay payment for those hours. Failure to co-operate in the Employment Business' timesheet process may constitute a breach of this contract for which damages might be claimed.
- 7.2 For the avoidance of doubt and for the purposes of the Working Time Regulations, the Temporary Worker's working time shall only consist of those periods during which he is carrying out activities or duties for the Client as part of the Assignment. Time spent travelling to the Client's premises, lunch breaks and other rest breaks shall not count as part of the Temporary Worker's working time for these purposes.

8. CONDUCT OF ASSIGNMENTS

8.1 The Temporary Worker is not obliged to accept any Assignment offered but if he/she does so, during every Assignment and afterwards where appropriate, they will:-

- a) Co-operate with the Client and/or the Client's staff, accept reasonable instructions and accept the direction, supervision and control of any responsible person at the Client's organisation;
- b) Be present at such times as may be stipulated by the Client and unless arrangements have been made to the contrary, to conform to the normal hours of work agreed at the premises where the assignment is to be carried out;
- c) Observe any relevant rules and regulations of the Client's establishment (including normal hours of work) to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain;
- d) Take all reasonable steps to safeguard their own health and safety and that of any other person who may be present or be affected by their actions on the Assignment and comply with the Health and Safety policies and procedures of the Client;
- e) Not engage in any conduct detrimental to the interests of the Client;
- f) Not at any time divulge to any person, nor use for their own or any other person's benefit, any confidential information relating to the Client's or the Agent's employees, business affairs, transactions or finances;
- g) Act in a professional and courteous manner;
- h) Be responsible for the provision of any necessary equipment.

8.2 If the Temporary Worker is unable to attend work during the course of an Assignment he should inform the Client and the Agent by no later than 7.30am on the first day of absence to enable alternative arrangements to be made.

9. TERMINATION OR COMMENCEMENT

9.1 Before commencing any assignment the Temporary Worker must provide the Client, via the Agent, with confirmation that he has not been convicted of or cautioned in relation to any criminal offence. In the event that the Temporary Worker is charged with or cautioned in relation to any criminal offence he must inform the Agent immediately and provide regular reports about the progress of proceedings.

9.2 The Temporary Worker will fully co-operate with the Agent in relation to any criminal record checks which the Client is required to carry out.

9.3 Before commencing any assignment the Temporary Worker must inform the Client, via the Agent, about any complaint made against him/her that is relevant to their professional competence, standing or conduct. In the event that the Temporary Worker becomes the subject of a complaint he/she must inform the Client, via the Agent, immediately and provide regular reports about the progress of proceedings.

9.4 The Agent will inform the Temporary Worker about any complaint made against him/her that is relevant to their professional competence or conduct.

9.5 Where the Temporary Worker wishes to raise any complaint about any matter, he/she should do so in accordance with the Agent's complaints procedure.

9.6 Unless otherwise agreed the Temporary Worker or the Client may, without prior notice or liability, terminate the Assignment at any time.

9.7 If the Temporary Worker does not inform the Client or the Agent should they be unable to attend work during the course of an Assignment this will be treated as termination of the Assignment by the Temporary Worker unless the Temporary Worker can show that exceptional circumstances prevented informing of the absence.

9.8 If the Temporary Worker is absent during the course of an Assignment and the contract has not been otherwise terminated the Client will be entitled to terminate the contract in accordance with clause 9.6 if the work to which the absent worker was assigned is no longer available.

10. SPECIAL PROVISIONS

10.1 The Temporary Worker must provide the Agent with all requested proof of qualifications, references, recent photographs (for identification purposes), access to health records and medical registrations as may be requested in order for the Agent to satisfy itself that the Temporary Worker is fit to be supplied to Clients. The Temporary Worker accepts that the Agent is or may be required to handle/process this (and other personal information as reasonably requested from time to time) and may need to share such information with its agents or third parties as part of performing its duties. The Temporary Worker recognises such obligations on the Agent and hereby consents to the handling, processing and divulging (whether in the UK, the European Union or elsewhere) of such information as may be necessary for the Agent (or its agents) to perform its duties.

10.2 In the situation where the Temporary Worker has professional qualifications and relies thereon for agency work, he must ensure full and current compliance with the appropriate professional requirements.

10.3 The Temporary Worker is strongly recommended to effect professional indemnity insurance cover.

10.4 The Temporary Worker should advise the Agent immediately if offered any employment or engagement by the Client or any third party to whom he is introduced by the Client and is also requested to provide details to the Agent of any remuneration offered.

10.5 The Temporary Worker is required to advise the Client, via the Agent, of any medical condition or any change in state of health that could impact upon the ability to carry out Assignments or their eligibility for Assignments.

10.6 The Temporary Worker must follow and co-operate fully with the formal induction procedure of the Client and undertake any training specified by the Client.

10.7 Throughout each Assignment, the Temporary Worker must comply with the Client's policies and/or procedures.

10.8 The Temporary Worker recognises the Agent's obligations under The Conduct of Employment Agencies and Employment Businesses Regulations 2003 (the Regulations) and hereby agrees to disclosures of personal information about the Temporary Worker as required in order for the Agent to comply with the Regulations.

11. LAW

These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England & Wales. 7927/1108

This Contract of Services is acknowledged and accepted. I further acknowledge that the Agent provides this Contract on behalf of the Client.

SIGNED BY TEMPORARY WORKER _____

PRINT NAME _____

DATE _____

CONTRACT OF SERVICES FOR TEMPORARY WORKERS

www.team24.co.uk

Team24 Ltd, 2nd Floor, Pathtrace House, 91-93 High Street, Banstead, Surrey, SM7 2NL Fax: 0845 370 2525 E-mail: info@team.co.uk