

Registration Checklist

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There are a number of documents that you are required to provide in order to complete your registration with Holt Doctors. Using this checklist, please tick off each item to ensure you have provided all the relevant information.

All items listed should be returned to Holt Doctors (original documentation must be provided in-person or posted):

Email: compliance@holtDoctors.co.uk

In-person: Brought with you to your face-to-face interview

By Post: Compliance Team, Holt Doctors, 4th floor, 1 Belle Vue Square, Broughton Road, Skipton, North Yorkshire, BD23 1FJ.

If sending the documents in the post, it is recommended that you send these by Special Delivery. We will return these items to you the same day as we receive them by Special Delivery.

REGISTRATION DOCUMENTATION:

- Completed Registration Form.
- Signed Terms and Conditions.
- Completed form indicating you have received, read and understood the Holt Doctors Handbook.

EMPLOYMENT HISTORY & REFERENCES:

- CV detailing continuous employment history (if any and as appropriate) with any breaks in employment fully accounted for.
- Three referees, two of which must be current and support the grade and specialty you wish to work at.

VERIFICATION OF IDENTITY & RIGHT TO WORK:

- EITHER** two forms of photographic identification & one document confirming your address **OR** one form of photographic identification and two documents confirming your address.
- Original passport together with appropriate visa/biometric card including front cover.
- One current passport size photo.
- Where you would be required to drive to fulfil a job; your original United Kingdom (UK) photo card driving licence **OR** other full driving licence that legally allows you to drive in the UK.

OVERSEAS WORKERS

- Original IELTS (International English Language Testing System) exam certificate.
(unless you are an EEA national, married to an EEA national or a Swiss national or are exempt from the GMC's or GDC's English language requirements for registration).

CRIMINAL RECORD & BARRING CHECKS:

- EITHER** Completed information form for Enhanced DBS (formerly CRB) Check and Barred List Check (adult and child) with Documentation **OR** original DBS certificate if subscribed to the DBS Update Service.
- If you are new to the UK or have not been in the UK in the past 6 months, a Police Check from your country of origin dated within 3 months of your date of employment with us.

PROFESSIONAL REGISTRATION & QUALIFICATIONS:

- Original GMC or GDC certificate of registration and current annual certificate of registration.
- Original certificates of all basic and higher educational qualifications.
- Original certificates of valid memberships of professional bodies, eg, Royal Colleges.
- Where relevant, Letter of Entry onto the Specialist Register.
- Basic or Advanced Life Support specific to specialty/role (Adult/Paediatric)

OCCUPATIONAL HEALTH:

- Completed Occupational Health Medical Questionnaire together with all supportive documentation (see the Questionnaire for details).
- Varicella.
- Tuberculosis.
- Rubella and Measles (Certificate of TWO MMR vaccinations or proof of a positive antibody for Rubella and Measles).
- Hepatitis B.

EPP CANDIDATES ONLY:

- Hepatitis B Surface Antigen Test.
- Hepatitis C Surface Antibody Test.
- HIV Surface Antibody Test.

MANDATORY TRAINING:

- Please refer to Registration Form, providing all practical and online training certificates as required.

REVALIDATION & APPRAISAL:

- Copy of your most recent appraisal.
- Details of your Designated Body and Responsible Officer – asked for on Registration Form please ensure this information is completed.

OTHER DOCUMENTATION:

- If completed, the Equal Opportunities Monitoring Form.
- Where held, a copy of your personal Professional Indemnity Insurance certificate.

If you have any questions relating to the documentation required, please contact your recruitment consultant on 0845 508 1491 or email info@holtDoctors.co.uk

Registration Form

Personal details - PLEASE COMPLETE ENTIRE FORM IN BLOCK CAPITAL

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.....

Bank details for salary payment

Name of Bank or Building Society.....

Address.....

Name of account holder.....

Account number..... Sort code.....

GMC/GDC

GMC or GDC number..... Licenced to practice YES NO

Position sought

Specialty.....

Grade.....

Full time part time*(please indicate as appropriate)

Please provide any further information which may help us to provide appropriate jobs:

.....
.....
.....
.....
.....

Joint registration – Holt Doctors and Anaesthetists Agency

Holt Doctors Limited has a subsidiary company, Anaesthetists Agency Limited. Different hospitals work under different supplier frameworks, therefore, in order to ensure that we are able to provide you with the best range of job opportunities we will put you forward for roles either as Holt Doctors or Anaesthetists Agency (if applicable to your specialty) – unless you specify otherwise by emailing compliance@holtdoctors.co.uk.

Qualifications

Please provide details of your qualifications and enclose original certificates

Basic, eg MBBS, MCHB Date Country

Higher, eg MRC Date Country

..... Date Country

..... Date Country

..... Date Country

..... 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

Mandatory Training & Professional Development

Please confirm whether you have had training in the following. Where the answer is yes, please send a copy of the certificate. Each certificate should provide us with the following information: course supplier, dates, the location or whether electronic, the extent of the course including duration and content. If any of this information is not contained on the certificate, please provide it separately.

Basic or Advanced Life Support* (specify Adult and/or Paediatric)	Type	<input type="checkbox"/> BASIC <input type="checkbox"/> ADVANCED	Date __ / __ / __
Complaints Handling		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Protection of Vulnerable Adults		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Fire Safety		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Handling of Violence and Aggression		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Health and Safety		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
- COSHH		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
- RIDDOR		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Infection Prevention and Control including MRSA & Clostridium Difficile		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Information Governance (including Data Protection and the Caldicott Protocols)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Lone Worker		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Equality and Diversity		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Safeguarding Children – Level 2		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Safeguarding Children – Level 3		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __
Manual Handling*		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Date __ / __ / __

*These courses must be classroom based and not taken online.

If you answer NO, you will be required to undertake this training prior to working for us. (Safeguarding Children Level 3 is only required for the following specialties: Paediatrics, Psychiatry, Emergency Medicine, some Gynaecologists and GP.) We have arranged for training to be made available via a number of sources. Your Recruitment Consultant will provide you with further information about this or see the Training section of our website.

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.

Referees

Please provide details of three professional referees; two of whom should be from your most recent engagements of at least four weeks' duration. References should support the grade and specialty you wish to work at and must be from your clinical line manager or supervising consultant. Referees for Consultants and Associate Specialists should be a Clinical Director or Head of Department.

Please indicate whether we can contact these referees immediately or whether you would rather we obtained your permission prior to contacting them.

1 . Title Name

Referee's specialty Grade.

Hospital Contact Referee: **YES** (Immediately) **NO** (Later Date)

2 . Title Name

Referee's specialty Grade.

Hospital Contact Referee: **YES** (Immediately) **NO** (Later Date)

3 . Title Name

Referee's specialty Grade.

Hospital Contact Referee: **YES** (Immediately) **NO** (Later Date)

Right to work in the United Kingdom

Please indicate your right to work in the UK by ticking the appropriate box below:

EU Citizen. Tier 2 Visa - Expiry date.

Spouse of EU Citizen. Tier 4 Visa - Expiry date.

Right of abode in the UK Other (please specify)

Tier 1 Visa - Expiry date Nationality

Admitted into the UK as a Doctor before 1 April 1985

If relevant, how much longer do you have the right to work in the UK?

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.....

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 numberDate

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'.

Holt Doctors 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:

I confirm that the tick in the box to the left is a valid means of establishing the authenticity and integrity of my signature to this Registration Form. I understand that Holt Doctors will hold this acceptance data on their files. To fully comply with Holt Doctors' registration process, you will be asked to provide your signature at your face-to-face meeting with a medical representative and this will be held on your computerised file.

Name Date

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 Holt Doctors 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 Holt Doctors 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 Holt Doctors 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 Holt Doctors 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 Holt Doctors 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 Holt Doctors and any other approved companies within the remit of obtaining employment, patient safety and processing payment

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

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

YES NO

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

Name Date Date of birth

Occupational Health Confidential Medical Questionnaire

The Department of Health's 'Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers' (the Green Book) provides guidance on health clearance of new healthcare workers for tuberculosis, hepatitis B, hepatitis C and HIV. Locum doctors are considered as 'new' to the NHS. The guidance is intended not to prevent those infected with blood-borne viruses from working in the NHS, but rather to restrict them from working in those clinical areas where their infection may pose a risk to patients in their care. This is consistent with existing policy which imposes restrictions on the working practices of those healthcare workers who are known to be infectious carriers of HIV, hepatitis B and hepatitis C.

Information contained within this document is covered by the Data Protection Act 1998. Disclosure of information is only with your informed written consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

The purpose of this questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the posts you will undertake or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the jobs. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Occupational Health provider who we use to assess our Medical Questionnaires and you may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference by our Occupational Health provider should you be registered on their system for more than one employer.

Personal Information

Title Forenames Surname

Date of birth

Home address

Home telephone Work telephone

Mobile

GP Details

Name Address

..... Telephone

General Information

Do you have any illness/impairment/disability (physical or psychological) which may affect your work?

YES NO

Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?

YES NO

Are you having or waiting for treatment (including medication) or investigations at present?

If your answer is yes, please provide further details of the condition, treatment and dates

YES NO

Details:

.....

.....

.....

Do you think you may need any adjustments or assistance to help you to do the job?

YES NO

Tuberculosis

Clinical diagnosis and management of tuberculosis and measures for its prevention and control (NICE 2006)

Have you lived continuously in the UK for the last 5 years?

YES NO

If you answered NO to the above, please list all of the countries that you have resided in over the last 5 years including duration of stay and dates, e.g., United Kingdom March 2011 to July 2011.

.....
.....
.....
.....

Have you visited a TB prevalent country (as advised by the World Health Organisation) for work practice purposes within the past 12 months?

YES NO

If YES please provide further information in the Additional Information section below including country, duration of stay and dates, e.g., Cambodia – 4 weeks – August 2012.

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.....
.....

Have you had a BCG vaccination in relation to Tuberculosis?

YES NO

Date

Do you have any of the following:

A cough which has lasted for more than 3 weeks

YES NO

Unexplained weight loss

YES NO

Unexplained fever

YES NO

Have you had tuberculosis (TB) or been in recent contact with open TB?

YES NO

If you have answered yes to any of the questions above, please provide additional information below:

Chicken Pox or Shingles

Have you ever had chicken pox or shingles?

YES NO

Date

Immunisation History

Have you had any of the following immunisations:

Triple vaccination as a child (Diphtheria/Tetanus/Whooping Cough)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date
Polio	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date
Tetanus	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date
Hepatitis B	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date

If YES is ticked, please give dates below:

Course: 1..... 2..... 3.....

Boosters: 1..... 2..... 3.....

Proof of Immunity (Please send the following)

Immunity or immunisations received must be documented in the English language and verified and signed (legibly) by a suitably qualified clinician.

Varicella You must provide a written statement to confirm that you have had chicken pox or shingles; however **we strongly advise** that you provide serology test result showing varicella immunity

Tuberculosis We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result
(Do not self declare)

Rubella, Measles & Mumps Certificate of **TWO** MMR vaccinations or proof of a positive antibody for Rubella, Measles and Mumps
(Do not self declare)

Hepatitis B You must provide a copy of your most recent pathology report showing titre levels of 100lu/l or above.

Proof of Immunity – EPP Candidates only (Please send the following)

Hepatitis B

Surface Antigen Evidence of a negative Surface Antigen Test. The report must be an identified validated sample (IVS).

Hepatitis C Evidence of a negative Antibody Test. The report must be an identified validated sample (IVS).

HIV Evidence of a negative Antibody Test. The report must be an identified validated sample (IVS).

IMPORTANT: A health care worker who has any reason to believe they may have been exposed to infection with HIV or Hepatitis C, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so may breach the duty of care to patients.

IMPORTANT INFORMATION ON Identified Validated Sample (IVS)

An IVS report is defined according to the following criteria:

The healthcare worker should show proof of identity with a photograph – NHS Trust identity badge, new driver's licence, passport or national identity card – when a sample is taken.

IMPORTANT INFORMATION ON THE FITNESS TO WORK CERTIFICATE

All candidates are screened in accordance with the latest Department of Health Guidelines (see DoH Green Book and health clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: new healthcare workers). Locum doctors are considered as 'new' to the NHS and therefore some requirements may vary to those applied by the NHS directly.

If you do not supply adequate proof of immunity, we will be unable to obtain a fitness to work certificate for you.

Exposure Prone Procedures

Will your role involve Exposure Prone Procedures?

YES NO

DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for Holt Doctors Ltd (or Anaesthetists Agency (if applicable)) to make recommendations to my employer.

I understand that the information contained within this document is governed by the Data Protection Act 1998 and that disclosure of information will occur only in relation to employment opportunities. I understand that you may send essential information to my potential employer and make recommendations regarding any health or hazards and risks to any future employment with reference to other relevant statutory requirements and professional practice.

I confirm that I am aware of the GMC's statement with regard to the duties of infected doctors or doctors who have reason to believe that they may be infected with the HIV virus or MRSA and agree to notify Holt Doctors should my circumstances change.

I confirm that I am aware of the NHS guidance and recommendations with respect to serious communicable diseases including Rubella, Varicella, TB, Hepatitis B and Hepatitis C and agree to notify my employing hospital and Holt Doctors should I have any reason to suspect that I may be at risk to patients, carers or other healthcare workers.

I understand that my pathology/serology reports may be sent to any NHS Trust where I may be assigned for locum work.

I agree to inform Holt Doctors of any health projects or changes to my status, for example become pregnant, so that my health and safety can be protected whilst at work.

I confirm that the tick in the box to the left is a valid means of establishing the authenticity and integrity of my signature to this Occupational Health Form. I understand that Holt Doctors will hold this acceptance data on their files. To fully comply with Holt Doctors' registration process, you will be asked to provide your signature at your face-to-face meeting with a medical representative and this will be held on your computerised file.

Name Date



Head Office - 4th Floor, 1 Belle Vue Square, Broughton Road, Skipton BD23 1FJ
Tel: 0845 508 1491 / 0208 099 6943 Fax: 01756 601344

www.holtDoctors.co.uk

Staff Handbook

As part of our registration process, we will issue you with a Handbook. This is usually provided by email in a .pdf format unless you have specifically requested a printed copy.

This Handbook contains important information about how Holt Doctors operates but, more importantly, provides guidance on what is required of you while you are working as a locum. It is therefore vital that you read and understand its contents to ensure you comply with the requirements at all times while working as a locum for either Holt Doctors and / or Anaesthetists Agency (if applicable). If there is anything you do not understand, please contact your Recruitment Consultant immediately for clarification.

Once you have read the Handbook, please sign the declaration below and return it with your completed Registration Pack. This form is part of the registration process and we will be unable to place you for work until we have received it.

Declaration

I have received, read and fully understand the Holt Doctors Handbook. I will endeavour to comply with its requirements at all times.

Version seen: Issue number

Print full name Date of birth

I confirm that the tick in the box to the left is a valid means of establishing the authenticity and integrity of my signature to this Staff Handbook Declaration Form. I understand that Holt Doctors will hold this acceptance data on their files. To fully comply with Holt Doctors' registration process, you will be asked to provide your signature at your face-to-face meeting with a medical representative and this will be held on your computerised file.

Name Date

Equal Opportunities Monitoring

Holt Doctors is committed to an equal opportunities policy to ensure that no applicant is disadvantaged or discriminated against either directly or indirectly. To help us with this policy, please complete your details below, using the tick boxes as appropriate.

Completion of this form is not compulsory.

Personal

Date of birth Nationality Country of birth

Marital status

Married Divorced Single Widowed

Gender

Male Female

Ethnic origin

White British Irish Other European Other
Asian and Asian British Bangladeshi Indian Pakistani Other
Black and Black British African Caribbean Other
Mixed parentage White & Black African White & Black Asian White & Black Caribbean Other
Chinese/other ethnic group Chinese Other

Disability

Do you consider yourself disabled? (The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out day-to-day activities.)

If yes, please give details of your disability.

YES **NO** Details

Do the requirements of your job description or training programme require adjustments in order to accommodate your disability?

YES **NO** Details

Name (optional)