

APPLICATION FOR SPECIALIST REGISTRATION

All applications are handled in strict confidence.
Please complete this form as appropriate to your profession.

Surname..... Date of Birth.....
Forenames.....
Title..... Medical Qualifications.....

Current NHS Post & Hospital... (If applicable).....
Speciality..... Sub Speciality.....

Consulting Address.....
..... Post Code.....
Telephone Number..... Fax Number.....

1. Indemnity Insurer (MDU/MPS etc)..... Registration Number..... Renewal Date.....
2. Regulatory Body (GMC/GCC/HPC etc)..... Registration Number.....
3. **Medical Doctors Only** Are you included on the specialist Register YES / NO

In the context of Clinical Governance, have you ever been subject to any disciplinary procedures either by employer, (i.e. Trust Authority or Hospital) and or Regulatory Body.
Please answer YES NO **If yes please elaborate on separate sheet.**

Accounts will be settled by BACS
Please supply details Bank Name..... Sort Code.....
Account Number..... Account Name.....

Checked by Date
Website used to check..... **FOR OFFICE USE ONLY**

Supplier I.D..... Purchase Ledger Number.....
FOR OFFICE USE ONLY