



SHROPDOC MEMBERS APPLICATION FORM

Personal Details					
Name:		Date of Birth:			
Current Practice Address:					
Home Address:					
Smartcard Number.					
Email address					
Mobile Number/ Contact Number.					
Please provide details of a referee from your current practice we can email and your relationship to them.					
Registration and Qualification Check					
Are you on either the WPL or EPL?- please confirm which with evidence.					
Are you a member of the DBS Update Service ? if yes please provide number					
GMC NO- please provide a copy of your GMC Certificate					
GMC Expiry Date					
MDDUS / MDU expiry Date and Cert.					
Training Requirements – please attach certificates to evidence completion					
BLS / CPR					
Adult Safeguarding					
Child Safeguarding					
Information Governance					
JCPTGP/PMETB Certificate					
Specialist Skills (please x any that apply to you):					
ALS		Section 12		Anaesthetics	
Active A & E Experience		Trained Reg Supervisor		BASICS	
Paed ALS		Police Surgeon		GP Trainer	

Current Employment - Main in Hours Work			
GP Principal		Salaried GP	
Associate / Assistant		Locum	
Other -Please give details			
Pay Arrangements – Please give details of your business and select the correct option			
Sole Trader		Registered Company	
Registered company please provide details of:			
Company Name			
Company Number			
Declaration of Health			
<p>I confirm that I have no medical condition that could affect my judgment or performance (including undue fatigue) when working Out of Hours. Shropdoc reserves the right to send home any GP who is (or appears to be) suffering from a medical condition that could be passed on to patients or co-workers, or intoxicated or unduly fatigued such that patients or co-workers may question my judgment or performance.</p> <p>I also agree that should I subsequently be offered any Membership status that if my health changes, which may affect my performance that I will advise Shropdoc in writing. I understand that Shropdoc will then have the right to review my Service Agreement and shift allocation accordingly.</p>			
Document Declaration			
<p>I declare that the answers given in this form are true and complete to the best of my knowledge and belief. I attach copies of:</p> <ul style="list-style-type: none"> Current Indemnity certificate GMC Cert Proof of performers list registration Evidence of completed training Evidence of a current Enhanced DBS (within last 6 months). 			
Signed			
Dated			

If you are unable to provide, we can obtain for you for £67.64. We would need to see three pieces of original personal ID and verify it is you in person. Once the DBS is obtained, we recommend you then use the DBS update service. This has to be joined within 19 days of the new DBS application being received and is then an annual on-going update checking service for £14 pa, which means that you will never have to apply for a DBS again.