

GP Induction & Refresher Scheme Registration Form for National Recruitment office

Please submit this form to GP NRO. You will need to ensure that you enclose a copy of your CV, GMC GP Registration (if available) and proof of UK address (*i.e.* a tenancy agreement or a utility bill) if relocated to UK.

PART 1: APPLICANT DETAILS			
Surname		First Names	
GMC No:		Are you on the GMC GP Register?	
Does your status entitle you to work as a GP?			
Home address: Include POST CODE			
Email:		Home Tel:	
Work Tel:		Mobile:	
<p>*Please indicate the Health Education England local office Area where you would wish to undertake a period of Induction and/or Refresher training.</p> <p>HEE / LETB profiles are available at https://gprecruitment.hee.nhs.uk/Recruitment/LETBs-Deaneries//Recruitment/LETBs-Deaneries</p>			

Once you have formally registered for the I&R assessments (the MCQ or the Portfolio route) The following organisations including the RCGP, MDU, MPS and e-LFH have offered free access to their e Learning material.

These learning websites will be very useful in preparing for your Return or entry to working in the NHS as a GP and assist you in undertaking your programme.

Please indicate whether you give permission for the NRO to share your name, GMC number and email address with these organisations to permit your free registration:

Yes

No

Portfolio Route

Worked for 2 years in the NHS as a qualified GP and completed 2 appraisals since registration with a license to practice as a GP prior to going overseas? Yes No

Last worked in NHS general practice as an independent GP within the previous five years? Yes No

Have taken no more than 2 years 'break from work? Yes No

The Portfolio route is designed for doctors who must satisfy the following criteria:

- *Hold JCPTGP certificate, CCT, CEGPR or GP qualification awarded in the EEA allowing direct entry to the GMC GP Register*
- *Hold GMC full registration with a licence to practise or have made an application to the GMC to restore your licence to practise*
- *Included on the GMC GP Register*
- *Have at least two years' experience working unsupervised as a general practitioner in the NHS while on the Medical Performers List or its predecessors with a minimum of two appraisals*
- *Have had a break of not more than five years from NHS general practice at the time of applying*
- *Any significant career breaks from clinical practice in the five year period do not exceed two years in total and none taken in the two years immediately preceding application*

Primary Medical qualification

Date

University

Country

Language qualified in if non-English

Primary Care Qualification (GP)

Date

Organization

Country

Language qualified in if non-English

If worked as a Primary Care Physician or GP please describe role and dates					
Additional qualifications (please give date and where obtained)					
If holds CEGPR please give date granted by GMC					
Current Position (Please tick which applies to you)					
Working in Medicine but not General Practice	<input type="checkbox"/>	Working in Private Medicine	<input type="checkbox"/>	Working but not in Medicine	<input type="checkbox"/>
Not working due to own illness	<input type="checkbox"/>	Career Break (childcare, care of a sick relative etc)	<input type="checkbox"/>	Previously retired from General Practice	<input type="checkbox"/>
Other (please state, if. Overseas and what role)					
Reason for leaving General Practice:					
Reason for return General Practice:					
Date you last worked as a GP in UK:		Date you last worked as a GP elsewhere			
Do you have performance restrictions or investigations pending – UK or elsewhere, if yes, give full details					

REFERENCES

<p>Please provide two referees who have insight into your work as a doctor (and ideally as a GP) where possible:</p>		
<p>Name: National Licensing No.</p> <p>Address:</p> <p>Telephone no: Email:</p>	<p>Name: National Licensing No.</p> <p>Address:</p> <p>Telephone no: Email:</p>	
<p>Contact now <input type="checkbox"/></p> <p>Do not contact initially <input type="checkbox"/></p>	<p>Contact now <input type="checkbox"/></p> <p>Do not contact initially <input type="checkbox"/></p>	
<p>I give permission for my CV to be sent to the relevant NHS Institutions: (LETB I&R Lead and MD/RO Regional Team)</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Name (<i>PRINT</i>)</p>		
<p>Signature</p>		
<p>Date</p>		

PART 2: DECLARATION

- a) I have read information on the GP Induction & Refresher Scheme provided by the GP NRO and my chosen LETB.
- b) I agree that the information given in this application is accurate to the best of my knowledge and belief.
- c) I agree that information provided on this form may be entered into a computerised system. I also so agree that there may occasionally be a need to use my details for mailings, but will only be used by those closely connected with my programme.
- d) I confirm that I have not previously applied for the GP Induction and Refresher Scheme at any LETB within the UK.

Signature Date

Print Name

Please return COMPLETED/SIGNED application form to:

**Induction & Refresher Scheme
National Recruitment Office for GP Training**
Health Education England
St Chads Court
213 Hagley Road
Edgbaston
Birmingham
B16 9RG

Or you can scan and send via email to iandr@hee.nhs.uk

***Attachments – only PDF/Word formats are acceptable.**

Please ensure that you have attached:

- A full CV
- Proof of UK GMC registration (if registered) – print out from GMC web site
- Proof of UK address (if in UK)– utility bill or similar
- Copy of passport

If you are not a UK/EEA national and your passport does not show evidence of your immigration status, please supply letter from Home Office confirming.

Please help us to understand how our communications work

How did you hear about the induction and refresher scheme?

Did the national NHS campaign, #GPreturner, influence your decision to apply? Yes No

Equal Opportunities and Ethnic Monitoring Form

The information you enter on this Equality and Diversity monitoring form will be used for monitoring purposes only and will not be used in assessing your application at any stage. This information is kept confidential and accessibility is strictly limited to individuals on a relevant basis.

MONITORING INFORMATION

Most public sector employers including health care organisations are required to collect data about an applicant. The information is used solely for monitoring purposes to ensure that recruitment policies and procedures are applied fairly and do not discriminate against individuals. We believe that it is good practice to employ a diverse workforce that reflects the communities we serve.

The information you share with us will be used to monitor and evaluate how well we are doing in eliminating discrimination and advancing equality. The NHS is committed to the principles of fairness, consistency, meritocracy and equality of opportunity. The Equality Act 2010 requires equal treatment in access to employment as well as private and public services, regardless of age, disability including long-term health conditions, gender re-assignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

This form must be completed and returned with the application form. Your application cannot be considered without it.

SECTION A: What is your immigration status (please tick)

a. Are you a United Kingdom (UK) or a European Community / European Economic Area (EC/EEA) national?

YES →
NO



please continue

Which country

b. Do you have evidence of entitlement to enter and work **permanently** in the United Kingdom? ie settled status

YES →
NO



please continue

Please tick one of the following

- Spouse of a UK citizen
- Spouse of an EEA National
- Commonwealth citizen with grandparents born in UK (ancestry visa)
- Home Office granted 'indefinite leave to remain'. Please state date granted

c. Were you allowed to enter the UK as a doctor / dentist before 1 April 1985 or did you obtain a current entry clearance to enter the UK before 1 April 1985, ie settled status?

YES →
NO



please continue

d. Are you an overseas trainee from outside UK / EC / EEA?

PLEASE NOTE: You MUST enclose a copy of your Home Office letter AND a copy of your passport page with the appropriate visa stamp if you are an overseas trainee.

YES →
NO ↓
please continue

Please tick one of the following

Highly Skilled Migrant Programme (HSMP)

Expiry Date _____

Subject to work permit provisions

Expiry Date _____

Permit Free Training

Expiry Date _____

Refugee

Commonwealth citizen with grandparents born in UK (limit on time in UK)

Expiry Date _____

Visitor (including those taking PLAB)

Expiry Date _____

DO NOT FORGET to enclose a copy of your Home Office letter AND a copy of your passport page with the appropriate visa stamp. Your application WILL NOT be considered if this is missing

e. Are you applying for settled or residential status in the UK or any other EU/EEA country?

YES →

Country of Application _____

Date of Application _____

SECTION B: How would you describe your ethnic origin? (Please tick)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> British (White) | <input type="checkbox"/> Irish (White) | <input type="checkbox"/> Any other White | |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> White & Black African | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African | <input type="checkbox"/> Any other Black background | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other ethnic group | | |

Please also supply the following information:

Age

Date of Birth

Gender

SECTION C: Signature

- I understand the information provided on this form may be entered onto a computerised system. I certify that the information given on this form and the Application Form is accurate to the best of my knowledge and belief.

Signed

Dated

Print