

## Locum Registration Form

### 1. Personal Details

Title	First Name	Surname
Date of Birth	N.I Number	GPhC Number
Date of First Practice	Home Number	Mobile Number
Address		
Postcode		
Email Address		

### 2. Eligibility to work in the UK

Are you a British/European Community National?	Yes/No
Do you require a work permit to work in the UK?	Yes/No
Have you permanent residence status in the UK?	Yes/No

### 3. Details of previous experience:

Type of previous experience	Yes/No	Number of Years	Preference (please tick all that apply)
Independent Pharmacies			
Small Regional Chain Pharmacies			
Supermarket Pharmacies			
Multinational Pharmacies			

### 4. Which days and hours are you available for work?

Day	Available Yes/No	Earliest Start Time	Latest Finish Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### 5. Enhanced/Advanced Services checklist

Essential Services	Yes/No
Repeat Dispensing- From Pathfinder to Practice	
Home away from home 2 <sup>nd</sup> edition	
PMR 2 <sup>nd</sup> edition or equivalent	
EHC (sale as opposed to PCT accreditation)	

Advanced Services (please tick experience that applies, low, medium, high?)	Yes/No	Low	Medium	High
Medicines use review				
Carehome and intermediate services				
CHD Screening/Healthy Living				
Concordance Services				
Diabetes screening				
Disease specific management services				
EHC service				
Minor Ailments				
Gluten free food supply services				
Headlice management				
Home care services				
Needle exchange				
Palliative care services				
Smoking Cessation				
Substance misuse services				
How do you currently record your CPD? (Please provide a brief explanation).				

**6. Documentation Required for registration:**

Documentation included with the completed form? (If no, please give reason and confirm the date it will be provided by)	Yes/No
<p><b>a. Copy of GPhC letter confirming Registration Number</b></p> <p><b>b. Copy of passport or photocard driving licence and birth certificate</b></p> <p><b>c. Residence permit/ Work Visa if applicable</b></p> <p><b>d. Proof of National Insurance Number</b></p> <p><b>e. Passport sized photograph</b></p> <p><b>f. Copy of Smartcard</b></p> <p><b>g. Copies of Essential, Enhanced and Advanced Services Certificates</b></p> <p><b>h. Copy of your Professional Indemnity insurance (if applicable)</b></p> <p><b>i. Signed copy of Registration Form.</b></p> <p><b>j. Signed copy of Guidelines for Registration.</b></p>	

**7. Other information:**

Have you ever been involved or are you currently involved with any disciplinary procedures relating to your work?	Yes/No
(If yes, please provide details on a separate sheet and enclose with your other documents).	
Have you ever been involved or are you currently involved with any disciplinary procedures relating to the GPhC fitness to practice or RPSGB statutory committee or fitness to practice and legal affairs directorate?	Yes/No
(If yes, please provide details on a separate sheet and enclose with your other documents).	

**8. Professional References:**

**Reference One**

Name	
Position	
Address	
Postcode	
Telephone	
Email	

**Reference Two**

Name	
Position	
Address	
Postcode	
Telephone	
Email	

Declaration		
I confirm that the information on this completed form is accurate and true and I have read and understood the "Guidelines for registration – Locum Pharmacist" for Pharmacover Locums Limited and I agree to them.		
Signature	Print Name	Date