**NHS GRATER GLASGOW & CLYDE**

**APPLICATION FOR CLINICAL ACCESS**

**Please complete the application form and return with a copy of your CV and documentation to** [nhsggcrecruitment@nhs.net](mailto:nhsggcrecruitment@nhs.net) **or by mail to Recruitment Services, 2nd Floor, West Glasgow ACH, Dalnair Street, Glasgow G3 8SJ.**

**Placements cannot commence until the necessary checks have been undertaken and the applicant has been issued with a letter authorising the placement. Please allow 4-6 weeks for processing.**

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| **Section 1: Personal Details** | |
| **Surname** |  |
| **Forename** |  |
| **Title: Mrs, Mrs, Ms, Miss, Dr, Prof, Other (please specify)** |  |
| **Address (including post code)** |  |
| **E-mail Address** |  |
| **Contact Telephone Number** |  |
| **GMC/GDC Registration Number** |  |
| **Professional Qualification/Body** |  |
| **Date Qualification obtained** |  |

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| **Section 2: Details of Current Employment (if applicable )** | |
| **Name of current Employer** |  |
| **Address of current Employer** |  |
| **Position held** |  |

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| **Section 3: Details of Clinical Access** | |
| **Named Consultant** |  |
| **Department/Hospital location** |  |
| **Specialty** |  |
| **Duration of Clinical Access** |  |
| **Purpose of Clinical Access** |  |

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| **Section 4: Declaration (to be completed by applicant)** | |
| **I hereby confirm that the information which I have given on this form is true and accurate** | |
| **Signature** | **Date** |

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| **Section 5: Document Checklist** |
| **Please ensure the following documentation has been enclosed with your application**   * **CV** * **Copy of Identification e.g. passport or driver licence** * **GMC/GDC Registration document** * **Confirmation of right to work in the UK (if required)** * **Certificate of Good Standing (if applicant has been living abroad for a period of 1 year in the last 5 years)** |

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| **Section 6: Authorisation (to be completed by General Manager)** | |
| **I can confirm that the above named applicant:-**   * **Is appropriately qualified and experienced for this position** * **Will receive appropriate supervision** * **The photographic ID is a true likeness of the applicant** * **Is GMC/GDC registered and on the specialist register if working at Consultant level**   **I can confirm that it is appropriate for the above named applicant is to be issued with a Clinical Access from …………………….. to………………………………..** | |
| **Signature** | **Date** |

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| **Section 7: To be checked/completed by Recruitment Services** |
| * **CV** □ * **OH Clearance obtained** □ * **Check manager has signed photographic ID is a true likeness** □ * **Check GMC/GDC Registration document** □ * **PVG Clearance obtained/ requested from current/previous employer** □ * **Check Confirmation of right to work in the UK (if required)** □ * **Check Certificate of Good Standing** □ * **Issue Clinical Access Letter** □ |