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**The West of Scotland Medical Staff Bank**

**Fast Track Registration Process: Doctors in Foundation and Specialty Training Rotations**

**Candidate Registration Pack**



**The West of Scotland Medical Staff Bank**

Welcome to the Fast Track Registration process - we are delighted that you are looking to join the West of Scotland Medical Staff Bank.

The West of Scotland Medical Staff Bank is an integrated medical staff bank service providing temporary medical staffing cover across all training grades and medical specialities to the NHS Boards in the West of Scotland.

Joining the medical bank offers a great way if you would like to work additional hours either exclusively at the NHS Board you are employed or you can also gain access to additional hours at any of the other West of Scotland NHS Boards.

As a bank doctor you will become part of a great team of bank doctors who supply flexible staffing options to maintain patient safety, quality and service requirements. Bank doctors can work on a temporary/ad hoc basis to fit around their substantive posts.

Whatever your preferred option we will arrange for you to have first access to available bank shifts at any of the West of Scotland NHS Boards where you want to work additional hours.

NHS Greater Glasgow and Clyde and NHS Forth Valley are the Hub Boards jointly coordinating the West of Scotland Medical Staff Bank on behalf of the West of Scotland Boards and are able to fast track the registration process to join the West of Scotland Medical Staff Bank.

The good news for Doctors who have been recruited to **Great Glasgow & Clyde** is that the Fast Track registration process does not require a further interviewas your compliance checks are validated by the Board you are now substantively employed in this rotation.

We aim to ensure the registration process is fair and consistently applied and that the compliance check standards ensures doctors who are cleared to join the West of Scotland Medical Staff Bank are of the highest quality and the level of patient care they provide when undertaking bank work will be of the highest standard.

Our fast track application process will aim to get you through the registration process as quickly as possible and our Medical Staffing team will work closely with you to support you through the process.

In order to make the process as simple as possible, you will need to do the following:

* Complete the forms on page 4 to 8 – please use capital letters when completing these forms.

***-The West of Scotland Medical Staff Bank – Fast Track Registration Form***

 ***- Work Preference Form***

 ***- Bank Mandate & HMRC Starter Checklist***

* Once you have completed your forms please submit to the **GGC Medical Bank Staffing Team - MedicalStaffBank@ggc.scot.nhs.uk**.

**Medical Bank Registration Process**

On receipt of your Fast track Registration form and Work Preference forms a representative from GGC Medical Staffing team will:

* Verify the recruitment status of your application by completing a number of compliance checks before clearing your suitability to undertake bank work.
* Your Fast Track Registration form and your Work Preference Form will then be checked to confirm the Board(s) and specialities where you wish to do your bank work.
* Once completed both the forms you have completed will be submitted to the appropriate Hub Board to finalise the registration process and issue you with your Bank Terms and Conditions

Providing the registration process is followed and all the documentation is completed correctly you should be registered and able to work bank shifts in one or more NHS Boards across the West of Scotland; according to your work preferences.

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| **NHS Greater Glasgow and Clyde – Medical Staff Bank Hub Board for:*** NHS Greater Glasgow and Clyde
* NHS Ayrshire and Arran
* NHS Dumfries and Galloway
* NHS Golden Jubilee Foundation
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| **NHS Forth Valley – Medical Staff Bank Hub Board for:*** NHS Forth Valley
* NHS Lanarkshire
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**The West of Scotland Medical Staff Bank**

**Fast Track Registration Form**

*If you are not currently employed in a West of Scotland Board please contact your local Medical Staffing Team who will assist with the process for joining the West of Scotland Medical Staff Bank*.

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| **PERSONAL DETAILS** |
| **Title**  |  |  |
| **Surname**  |  |  |
| **Forename** |  |
| **Address**  |  |
| **Postcode**  |  |
| **Date of birth** |  | **Male** [ ]  **Female** [ ]  |
| **Contact mobile tel. no.** |  |
| **Alternative tel. no.** |  |
| **NHS email address** |  |
| **Alternative email address** |  |

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| **EMPLOYMENT DETAILS** |
| **Current NHS Board** |  | **Start date**  |  |
| **Speciality**  |  |
| **Hospital / Department**  |  |
| **Current level / grade**  |  |
| **Contracted hours per week**  |  |
| **Details of any other posts held**  |  |
| **GMC no.** |  |
| **Renewal date** |  | **Revalidation date** |  |
| **Any warnings or restrictions to practice:** | **Yes / No**If yes, please supply details – all information will be treated in the strictest confidence. |

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| **ADDITIONAL COMMENTS** |
| **Please use this space to provide any additional comments:**  |

|  |
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| **Your Contact Details *(this is how we will contact you about available bank shifts)*** |
| **Name:** |  |
| **Address:** |  |
|  |  **Postcode:**  |
| **Email Address:** |  |
| **Telephone Number (s):** | **Mobile:** |  | **Work:** |  |

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| **Emergency Contact Details (NoK)** |
| **Name:** |  |
| **Relationship:** |  |
| **Address:** |  |
|  |  **Postcode:** |
| **Contact Number:** |  |

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| **DECLARATION** |
| I declare that the information provided on this form is correct and I consent to the disclosure of the information from this form between the NHS board I am Substantively employed and NHS Hub board my application will be referred to complete the registration process to join the West of Scotland Medical Staff Bank.I understand that the details on this form are to the best of my knowledge, true and complete and will be verified by the board I hold my current substantive employment contract. I consent to my details being kept confidentially and used for specific and lawful purposes as specified in the General Data Protection Regulations.**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name (please print) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

******The West of Scotland Medical Staff Bank**

 **Work Preference Form**

|  |  |
| --- | --- |
| **Name** |  |

Under the conditions of the Tier 2 visa category there is a restriction on the number of hours you can work as a bank or locum doctor. If you are a Tier 2 Visa holder the maximum number of hours you can work as a bank or locum Doctor is 20 hours per week. For Tier 2 Visa holders any bank or locum work undertaken must be equal to your current post i.e. same grade and specialty.

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| Please tick appropriate box(s) to indicate the NHS Board, or Boards, you would be prepared to undertake medical bank shifts within:NHS Greater Glasgow and Clyde [ ]  NHS Dumfries and Galloway [ ]  NHS Ayrshire and Arran [ ]  NHS Forth Valley [ ]  NHS Lanarkshire [ ]  Golden Jubilee Foundation [ ]  |
| Please insert the grades you are prepared to work : |

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| Please tick appropriate box(s) to indicate the specialties you would be prepared to undertake medical bank shifts within: |
| **Anaesthetics** |  | **Psychiatric Specialities** |  |
| Anaesthetics | [ ]  | General Psychiatry | [ ]  |
| Intensive Care Medicine | [ ]  | Child and Adolescent Psychiatry | [ ]  |
| **Medical Specialities** |  | Forensic psychiatry | [ ]  |
| Emergency Medicine – *you should be ALS certified* | [ ]  | Old age psychiatry | [ ]  |
| General Acute Medicine | [ ]  | Psychotherapy | [ ]  |
| Cardiology | [ ]  | Learning Disabilities psychiatry | [ ]  |
| Infectious diseases | [ ]  | **General Surgery** |  |
| Dermatology | [ ]  | General Surgery | [ ]  |
| Diabetes/Endocrinology | [ ]  | Cardiothoracic surgery | [ ]  |
| Gastroenterology | [ ]  | Otolaryngology | [ ]  |
| Genito –urinary medicine | [ ]  | Oral surgery | [ ]  |
| Geriatrics | [ ]  | Neurosurgery | [ ]  |
| Medical Ophthalmology | [ ]  | Ophthalmology | [ ]  |
| Nuclear Medicine | [ ]  | Trauma & Orthopaedic surgery | [ ]  |
| Occupational Health medicine | [ ]  | Plastic surgery | [ ]  |
| Palliative Medicine | [ ]  | Urology | [ ]  |
| Renal Medicine | [ ]  | Oral& maxillofacial surgery | [ ]  |
| Rehabilitation Medicine | [ ]  | Obstetrics & Gynaecology | [ ]  |
| Respiratory Medicine | [ ]  | **Diagnostics** |  |
| Rheumatology | [ ]  | Radiology | [ ]  |
| Neurology |   [ ]  | Microbiology | [ ]  |
| Sexual & reproductive medicine | [ ]  | Haematology | [ ]  |
| **Paediatrics** |  | Clinical Genetics | [ ]  |
| Paediatric medicine | [ ]  | Pathology | [ ]  |
| Paediatric surgery | [ ]  | **West of Scotland** |  |
| Paediatric Intensive Care Unit | [ ]  | Renal Transplant | [ ]  |
|  |  | Clinical Oncology | [ ]  |
|  |  | Medical Oncology | [ ]  |
| **Any additional comments:** |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



 **West of Scotland Regional Medical Bank**

Please complete, date and sign this form which will ensure any payment for bank shifts will be made directly to your bank account. Payment for working a bank shift will be processed in the first available weekly payroll.

**How to return your completed form:-**

By e- mail to MedicalStaffBank@ggc.scot.nhs.uk

**or** send to the following postal address **marked Private and Confidential:**

**NHS Greater Glasgow and Clyde, Medical Staff Bank, 2nd Floor West Glasgow ACH,**

**50 Dalnair Street, Glasgow G3 8SJ**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Title** |  | **Forename** |  | **Surname** |  |
| **Date of Birth** |  | **National Insurance No.** |  | **Marital Status** |  |
| **Address** | ***Post Code :*** |
| **Telephone No.** | ***Mobile :*** | ***Land Line :*** |
| **Email Address** |  |
| **GMC/GDC Number** |  | **Renewal Date** |  |
| **Name and Address of Bank** |  |
| **Bank Sort Code** |  |  | **-** |  |  | **-** |  |  |
| **Account No.** |  |  |  |  |  |  |  |  |

*Please tick as appropriate:*

In addition to this Bank role, do you hold another post as a career grade or training grade doctor?

1. □ Yes

 □ No (tick no if the other post is in General Practice or in the GP Out Of Hours Service)

2. If you have answered yes at 1 above, is the employer:

 □ NHSGGC

 □ Other Health Board (Please State) ……………………………………………………….

 □ Other non-NHS Employer (Please State)......................................................................

3. In your substantive post do you work?

 □ Whole-time

 □ Part-time No of hours: \_\_\_\_\_\_\_\_\_

Please note: You must advise the Medical Staff Bank and NHS Greater Glasgow and Clyde Payroll Department of any subsequent changes to your Bank Account or Home Address using the Payroll Notification tear-off part of your payslip which you will receive when you are paid for bank shifts.

*I certify that the above details are correct.*

**Name (Print):**

**Signed: Date:**

|  |  |  |
| --- | --- | --- |
| ***For Bank Use only :*** |  | ***For Payroll Use Only :*** |
| **Bank Start Date** |  | **N/S Created** |  | **Date** |  |
| **N/S Checked** |  | **Date** |  |
| **Bank Grades** | **FY1/FY2/StRL/StRH SHO Dent / Spec Doc Con / ED – LGR1; LGR2; MGR1; MGR2** | **Payroll No.** |  |



**Starter checklist**

# Instructions for employers

This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years. **Do not send this form to HM Revenue and Customs (HMRC)**.

**Instructions for employees**

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.

**Do not send this form to HMRC**.

Employee’s personal details

#### Last name

**5 Home address**

#### First name(s)

|  |
| --- |
|  |
|  |
|  |
| Postcode |
| Country |

Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth

#### Are you male or female?

Male Female

**6 National Insurance number** (if known)

**4 Date of birth** DD MM YYYY

1. **Employment start date** DD MM YYYY

|  |  |  |  |
| --- | --- | --- | --- |
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Employee statement

#### You need to select only one of the following statements A, B or C

* 1. This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit,

State or Occupational Pension.

* 1. This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.
	2. As well as my new job, I have another job or receive a State or Occupational Pension.

**Please turn over >**

## Student Loan

#### Do you have a Student Loan which is not fully repaid?

Yes If yes, go to question 10

No If no, go to question 12

#### Are you repaying your Student Loan direct to the Student Loans Company by agreed monthly payments?

Yes If yes, go to question 12

No If no, go to question 11

**Student Loan Plans**

You will have a Plan 1 Student Loan if:

* You lived in Scotland or Northern Ireland when you started your course, or
* You lived in England or Wales and started your course before September 2012

You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012.

#### What type of Student Loan do you have?

Plan 1

Plan 2

#### Did you finish your studies before the last 6 April?

Yes

No

For further guidance about repaying Student Loans go to

#### [www.gov.uk/new-employee/student-loans](http://www.gov.uk/new-employee/student-loans)

Signature **Name**

**Date** DD MM YYYY

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|  |  |  |  |