SELF-EMPLOYED LOCUM STARTER FORM

( Locum Technicians Only)

All new self-employed locums working for Well must complete this form to ensure payment can be made. A signed locum agreement must accompany the new starter form. Existing locums must use a change of details **This form cannot be processed unless signed by hand and dated on page 2.**

**PLEASE USE BLOCK CAPTIALS AND A BLACK PEN (This ensures information is legible).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Full Registered Name | | | Name Known As |
| Address |  | | | |
|  |  | | | |
| Postcode |  | Telephone No | | Mobile No |
| Email Address |  | | | |
| GPhC No |  | | Date of Original Registration | |
| **Bank/Building Society details** | | Name of Bank | | |
| Address | | | | |
| Sort Code \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_. | | | Account No \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_. | |
| Account Name | | | | Reference No (If applicable) |

Own Indemnity Insurance YES/NO Disclosure Barring Service (DBS) **(Compulsory)**

Are you registered as a Limited Company

YES/NO If Do you have a permit to work in the UK? YES/NO Yes please give details below LTD Non UK nationals only (please provide a copy)

Company name:-

**Type of Locum** Agency Locum

Name of Agencies used:- Distance willing to travel Available to stay away if Hotel

**Travel Arrangements** Car Public Transport

**Type of Bookings Taken** Forward Planned How far Ahead \_\_\_\_\_\_\_\_\_\_\_

Emergency Bookings PCO Rotas Bank Holidays

Saturdays Sundays Evening Shifts

**Religious requirements** Prayer Breaks Friday Prayers

Other (including religious holidays) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other languages spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other languages read \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any objections to selling or supplying any medicines? YES/NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Experience** | Are you employed by any other Organisation? YES/NO | | | |
| Do you have experience of working in | | Do you have experience of working in a Hospital Pharmacy? | | |
| Have you previously been employed by The Co- | | Are you related to anyone who is currently employed by | | |
| Are you familiar with Cegedim Pharmacy Manager? YES/NO | | | | |
| Do you have any concerns about working with an Accuracy Checker? YES/NO | | | | |
| Are you competent in the use of Methameasure? YES/NO | | **Regular daily workload** Less than 300 items 300-500 items more than 500 items |  |  |
|  |
|  |

Please send to: Operations Resource Planning Department, Well, Merchants Warehouse, Castle Street,

Castlefield, Manchester, M3 4LZ

SELF-EMPLOYED LOCUM STARTER FORM (cont.)

( Locum Technicians Only)

|  |  |  |
| --- | --- | --- |
| **PLEASE SIGN AND DATE THIS FORM - IT CANNOT BE PROCESSED WITHOUT A SIGNATURE AND WITHOUT ALL**  **PAGES BEING SENT THROUGH TOGETHER.**  I certify that the information provided on this form is true and accurate.  I understand that I have an obligation to inform the Operations Resource Planning Department of any changes  in the information I have given within 5 days of the change.  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have double checked the bank details and confirm they are correct | | |
| **FOR OFFICE USE ONLY** | | |
| Entered By | Signature | Dated |
|  | | |



Please send to: Operations Resource Planning Department, Well, Merchants Warehouse, Castle Street,

Castlefield, Manchester, M3 4LZ

Feb 2015

Technician Page 2 of 2