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**Application for Practicing Privileges**

**EMPLOYMENT/PERSONAL DETAILS**

|  |  |
| --- | --- |
| LAST NAME |  |
| FIRST NAME |  |
| MAIN PLACE OF WORK |  |
| SPECIALTY/SPECIALISM |  |
| CURRENT NHS/HSE POST |  |
| DATE OF APPOINTMENT |  |
| ADDRESS |  |
|  |  |
|  |  |
|  |  |
|  |  |
| MOBILE NUMBER |  |

**GENERAL MEDICAL COUNCIL INFORMATION**

|  |  |
| --- | --- |
| GMC REFERENCE NUMBER |  |
| Status | *eg, registered with full licence to practice* |
| Primary Medical Qualification | *eg, MB BCh 1984 Queens University of Belfast* |
| Specialist Register entry date | *eg, General psychiatry From 24 Apr 1997* |

**REVALIDATION INFORMATION**

|  |  |
| --- | --- |
| DATE OF MOST CURRENT REVALIDATION |  |
| NAME OF DESIGNATED BODY (if applicable) |  |
| NAME & |  |
| ADDRESS OF |  |
| RESPONSIBLE |  |
| OFFICER (if applicable) |  |
| DATE OF LAST APPRAISAL |  |

**PLEASE ENCLOSE A COPY OF EACH OF THE FOLLOWING:**

1. Confirmation of identity (photo ID eg.passport/driving licence)
2. Appraisal sign-off documentation.
3. Current Professional Indemnity Certificate.

**DECLARATION:**

I declare that the information given by me in this form is true and accurate.

I understand this information will be held confidentially within Musgrave House and will not be disclosed to any third parties.

I also declare that I know of no circumstances which could lead to an allegation of serious professional misconduct or seriously deficient professional performance being brought against me by the General Medical Council.

The RQIA requires that a medical practitioner must make their private patient records readily available to Musgrave House when requested. I agree to provide access to my Private Patient notes if/when requested by Musgrave House.

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

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO:**

Lynne Johnson

Practice/Business Manager

Musgrave House

10 Stockman’s Lane

Belfast BT9 7JA

E-mail: [lynne.johnson@musgravehouse.com](mailto:lynne.johnson@musgravehouse.com)

**Practicing Privileges**

Approved/Declined

Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr S. McGovern RO

2 year Review Date: