

MUSGRAVE HOUSE
10 Stockman's Lane
Belfast
BT9 7JA
Tel: 028 95212294
E-mail: clairemusgravehouse@gmail.com

APPLICATION FOR DOCTORS WISHING TO WORK AT MUSGRAVE HOUSE

EMPLOYMENT/PERSONAL DETAILS

LAST NAME	
FIRST NAME	
MAIN PLACE OF WORK	
SPECIALTY/SPECIALISM	
CURRENT NHS/HSE POST (if applicable)	
DATE OF APPOINTMENT	
ADDRESS	

GENERAL MEDICAL COUNCIL INFORMATION

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

REVALIDATION INFORMATION

DATE OF MOST CURRENT REVALIDATION	
NAME OF DESIGNATED BODY (if applicable)	
NAME & ADDRESS OF RESPONSIBLE OFFICER (if applicable)	
IS YOUR APPRAISAL CARRIED OUT ANNUALLY?	YES/NO
DATE OF LAST APPRAISAL	

PLEASE ENCLOSE A COPY OF EACH OF THE FOLLOWING:

1. Form 4, Form 5 & Form 6 of the appraisal documentation.
2. Current Indemnity Certificate.

DISCLAIMER

I hereby declare that the above information is true to the best of my knowledge and belief, and that I understand this information will be held confidentially within Musgrave House and will not be disclosed to any third parties.

Signed: _____ Date: _____

PRINT NAME: _____

PLEASE COMPLETE AND RETURN TO:

Claire Drummond
Administrative and Governance Lead
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