

Locumcheck Ltd
Specialist in Medical Locums
13 Upper Baggot Street road,
Second Floor,
Dublin 4
Ph: 01-6854700
Fax: 01-6852538
Web: www.locumcheck.com



Locumcheck

DOCTOR REGISTRATION FORM

Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Home Address	<input type="text"/>
---	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Mobile No	<input type="text"/>
User Name	<input type="text"/>
Password	<input type="text"/>
Confirm	<input type="text"/>
GMC No.	<input type="text"/>

REFERENCE 1 **REFERENCE 2**

Consultant Name	<input type="text"/>	Consultant Name	<input type="text"/>
Speciality	<input type="text"/>	Speciality	<input type="text"/>
Hospital	<input type="text"/>		<input type="text"/>
---	<input type="text"/>		<input type="text"/>
Fax No	<input type="text"/>		<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>

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PREFERED AREA OF WORK

First

Second

Field of Consultancy

Preferred County of Work

Available for GP Locum

YES () NO ()

To get registered with Locum Check, Kindly complete the form and post, Fax or E-mail to Locum Check Ltd along with the required documents mentioned below

REQUIREMENT FOR REGISTRATION

Following is the list of documentations required. All the documents should be the copy of the actual certificate or forms. If any false statement or documentation is forwarded to Locum Check

The responsibility will lie with the Registering doctor. If any false declarations are challenged

in UK courts the said doctor will be responsible for paying all the costs of the legal proceedings.

We accept Word, PDF and Jpegs images.

- A current and up to date CV
- A copy of your GMC Certificate
- Completed CRB Form
- Completed Online Registration Completion form