



**PROFESSIONAL
HEALTHCARE
RECRUITMENT LTD**

In Confidence

STATEMENT OF CRIMINAL CONVICTIONS

1. Please list any criminal convictions and dates below. As a doctor any criminal convictions you may have may not be treated as “spent” under the Rehabilitation of Offenders Act 1974. You are therefore required to declare all criminal convictions or cautions. The information you give will be treated in confidence and taken into account only where the offence is relevant to the post for which you are applying.

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.....
.....

Signed **Date**

Name in CAPITALS

.....

GMC Number

.....

2. Do you have any criminal proceedings pending against you?

YES/NO

If yes, please give details:

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.....
.....

Signed **Date**

.....

GMC Number

3. Police Check

Unless you are able to provide you criminal record convictions records clearance form, it may be necessary to request a Police Check to ensure that you do not have a criminal record that would affect your suitability for medical work. Please complete the form below, or provide a clearance certificate stating that you have been the subject of a criminal convictions check within the last 12 months and that you have no convictions preventing you from working as a doctor.

Name in full

.....

Maiden Name

.....
(where applicable)

Date of Birth

.....

Place of Birth

Present

Address

.....

.....

.....

Since *(date)*

Previous addresses in last 4 years (including dates):

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I hereby givepermission to undertake a Police Check on my behalf. I understand that refusal could prevent further consideration of my application.

Signed**Date**

.....

Name in CAPITALS

GMC Number