



Cellular Pathology Services

Practicing Privileges Application Form

1. PERSONAL INFORMATION

Title: First Name: Surname:
Date of Birth: Nationality: Mobile Phone No:
Fax No: Office Phone No: Home Phone No:
Email:

Secretary Details:

Name: Mobile no: Office Phone No:
Email:
Address:

Main Private Practice Address (Tick if it is your mailing address

Main NHS Hospital Address (Tick if it is your mailing address

Home Address (Tick if it is your mailing address

2. EDUCATION AND PROFESSIONAL APPOINTMENTS

Please enclose your current Curriculum Vitae

3. BANK DETAILS

Bank Name:
Branch Name:
Branch Address:
Account No:
Sort Code:

4. PROFESSIONAL DETAILS

GMC No: Expiry date: Hepatitis Status:

5. APPRAISAL AND REVALIDATION (ENCLOSE A COPY)

Date of last revalidation:
Date of next revalidation:
Date of next appraisal:

6. PROFESSIONAL INDEMNITY COVER (PLEASE ATTACH COPY OF POLICY)

Insured by: Policy number: Expiry date:

1. Have you ever been involved or are there currently pending or are you aware of any circumstances that may lead to claims for Hospital negligence in any jurisdiction (other than solely as an expert witness)? Yes No
2. Have you ever been denied professional indemnity cover, or has your cover been cancelled or granted on other than normal terms? Yes No

If you have answered yes to either or both questions please give details in a separate sheet.

7. INTENDED CLINICAL PRACTICE

Please indicate the subspecialties you wish to report at CPS. Please also give details where possible of your proposed time commitment to CPS and the management of your private Practice.

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8. DECLARATIONS

1. Are you currently the subject of any police investigation and/or prosecution in the UK or elsewhere? Yes No
2. Have you ever been convicted of any criminal offence or received a police caution in the UK required by law to be disclosed or even convicted of any criminal offence elsewhere?
 Yes No
3. Have you ever been at fault, or are you currently the subject of any investigation or proceeding by anybody having regulatory functions in relation to health/social care professionals including a regulatory body in another country?
 Yes No
4. Are you currently, or have you ever been the subject of any investigation or proceedings by or on behalf of an NHS Trust or Health Authority or by or on behalf of a private hospital?
 Yes No
5. Have you ever been disqualified or suspended from the practice of a profession or had requirements or limitations imposed upon your Practice by a regulatory body in the UK or elsewhere? Yes No

If you answered yes to any of these questions please give full details on a separate sheet.

9. REFERENCES

Please provide the names of two referees, both of whom are Consultants Cellular Pathologists. You should be known personally to both referees, who should be aware of your current abilities, character, health status and ability to work with others.

	First Reference	Second Reference
Name		
Position		
Address		
Post Code		
Email		
Mobile No		

10. CONSENT AND RELEASE

The statements given are true and I hereby apply for Practice privileges at Cellular Pathology Services Ltd, I hereby declare my willingness to appear for interview as requested by the Laboratory Director.

I hereby authorise Cellular Pathology Services Ltd to seek enhanced disclosure information regarding my criminal status and specifically authorise the third parties with this information to release it to Cellular Pathology Services Ltd.

I hereby authorise Cellular Pathology Services Ltd to consult with any third party who may have information regarding my professional qualifications, hospital competence, character, health status, ethics and behaviour in order to satisfy the criteria for this application and continued Practice privileges.

I specifically authorise those third parties to release such information to Cellular Pathology Services Ltd and it's authorised representatives.

Signature:.....Print Name:.....on:.....

11. CHECKLIST FOR REQUIRED DOCUMENTS

1. Completed application form
2. Curriculum Vitae
3. Copy of ID page of passport
4. Last appraisal
5. Copy of CPD RCPATH Certificate
6. Hepatitis status
7. Current professional indemnity cover
8. Documents to undertake DBS enhanced disclosure check
(Please see Appendix for the required documentation)

The above listed documentation must be enclosed with your completed application form in order for your application to be processed.

Please mark your Sealed Envelope as “[Private & Confidential](#)” and Return completed application with above documents to:

Laboratory Director
Cellular Pathology Services Limited
Unit 12, Orbital 25 Business Park
Dwight Road, Tolpits lane
Watford, Hertfordshire
WD18 9DA

Appendix: List of acceptable documents for DBS

For British nationals the documents required for a DBS check are:

One document from the following list:

- Passport
- Biometric residence permit
- Current driving license photo card with counterpart
- Birth certificate

Two further documents are also required. This can either be from the list above or from the following

List 2a

Current driving licence – old-style paper version
Current photo driving licence (front & back copy)
Birth certificate – issued after time of birth
Marriage/civil partnership certificate
Adoption certificate
HM Forces ID card
Firearms licence

List 2b

Mortgage statement	UK or EEA	Issued in last 12 months
Bank or building society statement	UK and Channel Islands or EEA	Issued in last 3 months
Bank or building society account opening confirmation letter	UK	Issued in last 3 months
Credit card statement	UK or EEA	Issued in last 3 months
Financial statement, eg pension or endowment	UK	Issued in last 12 months
P45 or P60 statement	UK and Channel Islands	Issued in last 12 months
Council Tax statement	UK and Channel Islands	Issued in last 12 months
Work permit or visa	UK	Valid up to expiry date
Letter of sponsorship from future employment provider	Non-UK or non-EEA only - valid only for applicants residing outside of the UK at time of application	Must still be valid
Utility bill	UK – not mobile telephone bill	Issued in last 3 months
Benefit statement, eg Child Benefit, Pension	UK	Issued in last 3 months
Central or local government, government agency, or local council document giving entitlement, eg from the Department for Work and Pensions, the Employment Service, HMRC	UK and Channel Islands	Issued in last 3 months
EU National ID card	-	Must still be valid
Cards carrying the PASS accreditation logo	UK and Channel Islands	Must still be valid
Letter from Head Teacher or College Principal	UK - for 16 to 19 year olds in full time education - only used in exceptional circumstances if other documents cannot be provided	Must still be valid

For Office use Only

Documents and Details sent with Application:

- Fully completed application form
- Full current CV received
- Details of GMC registration and entry on Specialist Register, checked on GMC website
- Details of Revalidation
- Copy of current professional indemnity cover
- Copy of Passport ID page
- Copy of last appraisal
- References
- Copy of CPD RCPATH Certificate
- Hepatitis status
- DBS check completed
- Bank Details received

Received on:Checked onBy:

Notes:

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Interview date & how:

Discussed on:Decision:

Laboratory Director:Signature:Date:

SLA sent on: By:

Signed Agreement received on: By:

Documentation sent on: By:

Filed electronically on: By: