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| **GP Fixed Term:**  **APPLICATION FOR WORKFORCE HUB** | |
| **Please return completed form to:** [**workforceHub.Cav@wales.nhs.uk**](mailto:workforceHub.Cav@wales.nhs.uk) | |
| **If you have any queries please contact: 029 21836170** or **029 21836138** or **029 21836125** | |
| **Forename(s) :** |  |
| **Surname:** |  |
| **Home Address :** |  |
| **Contact Telephone No :** |  |
| **Email Address :** |  |
| **Current/Last Employer :** |  |
| **Relevant Skills & Experience :** |  |
| **Date Available To Take Up Position :** |  |
| **Preferred FT Contract Hours (Minimum), Note Available Working Days & Hours :** |  |
| **Please confirm you are included on the Welsh Medical Performers List and name of Health Board (EG: C&V/CTM/AB) :** |  |
| **GMC registration number :** |  |
| **Do you have any restrictions or conditions on your practice place on you by the GMC or relevant Health Board :** |  |
| **Do you have any spent or unspent criminal convictions :** |  |
| **Do you identify yourself as being in the COVID-19 Vulnerable Group that would need to be considered when placing you :** |  |
| **Any personal circumstance that need to be considered when placing you :** |  |