

HONORARY CONSULTANT APPLICATION FORM

This application is for UK Registered consultants who have a consultant post at another NHS Trust. Please note that this application form needs returning at least 6 weeks' prior to the start date.

Personal Details

Title:

Surname: Forename:

Date of birth: Email address:

Phone number:

Home Address:

Postcode:

Professional Registration

Reg. Body: Reg. Number:

Expiry Date:

Emergency Contact

Full Name: Relationship:

Phone Number:

Nationality

Nationality:

If you are not a UK national, do you have leave to enter or remain in the UK?

Yes No

Honorary Contract Details

Department: Speciality:

Name of Supervising Manager/Consultant:

Reason for Honorary Contract:

- To carry out research
- To run clinics
- To carry out surgical procedures
- To provide training

Does this role require EPP clearance? Yes No

Anticipated start date:

Anticipated end date:

Number of Pas/Hours per week at GOSH:

Number of Pas/ hours per week with direct patient contact:

Please provide information on doctors commitments whilst working in a Honorary Capacity;

Doctors Commitments

AM

PM

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Employment
Details**

Please provide details of any current substantive contracts held with other Hospitals; Trusts or academic institutions.

Are you currently employed elsewhere? Yes No

If yes, employer name:

Position held:

Brief Description of responsibilities:

There are certain pre-contractual checks that we need to carry out before we can issue your contract. We can confirm the details directly with your HR Department if you are employed by another NHS Trust or a student at an educational authority. Alternatively, we can carry out the checks for you before you receive your contract.

HR Officers name:

HR Officer's email: Contact No:

Conflict of Interests

A 'conflict of interest' occurs when the private or personal interests of a member of staff could affect a decision he or she makes on behalf of the Trust in such a way as to potentially or actually undermine the quality of patient care provided and/or be in some other way detrimental to the service.

All applicants are required to indicate any involvement either direct or indirect with any firm, company or organisations which has a contract with the Trust. Applicants must also declare all private interests which could potentially result in personal gain as a consequence of the applicant's position in the Trust. Interests which might appear to be in conflict should be declared.

Examples of situations where a conflict of interest may occur include (non-exhaustive list):

- Where there is a relationship with a contractor
- Outside Employment and Private Practice
- Gifts and Hospitality
- Rewards for initiative
- Commercial Sponsorship
- Commercial in Confidence

If you are unsure whether you have a conflict of interest to declare, please consult the 'Declaration of Interests and Gifts and Hospitality Policy' which you can request from the Honorary Contracts who is based within the HR & OD Department.

Do you have anything to declare: Yes No

If yes, I hereby declare:

Declaration

I hereby confirm that

- All of the information provided is to my knowledge true and accurate.
- I will not commence my placement at GOSH until I have received full clearance from the Honorary Contracts Coordinator.
- I give my permission for my employment details to be disclosed to GOSH for the purpose of an honorary contract to be issued (if applicable).
- If a conflict of interest has been declared: I wish for the declaration to be noted on the Register of Interests. I understand that the Register will be made publicly available and considered by the Trust Board.

Applicant signature: Date:

Authorising Signatories

Important note: The Supervising Consultant must hold a substantive contract with GOSH.

I agree not to allow the applicant to commence their placement until confirmation has been received from the Honorary Contracts Coordinator. I agree to oversee the visitor in a non-clinical/clinical setting and provide appropriate educational support. In addition, I can confirm that this will not inflict any financial implications on the Trust and that this will also not impact the division's capacity. If the applicant's placement is to be extended, I will take responsibility to notify the Honorary Contracts Coordinator providing sufficient notice of this prior to the termination of the placement.

Supervising Consultant name:

Signature: Date:

Divisional Director/General Manager name:

Signature: Date:

Additional Information Required

Please ensure the following are completed, where applicable, and submitted to the Honorary Contracts Coordinator:

- **DBS Police check**

You will need to have a valid DBS Check before you can commence at GOSH. This will need to be dated within 3 years, be enhanced, you will need to have been checked against the child barred list and it will have had to have been issued through another NHS Trust or Educational Authority. Alternatively, if you do not reside in the UK then a letter of good conduct from your local police station is sufficient, if it is dated within 12 months. If you do not possess the above, you will need to obtain one through GOSH and there may be an additional fee. Please contact the Honorary Contracts Coordinator for more information.

- **NHS Identity Check**

You will need to show three forms of identification in person to the Human Resources department before you commence your placement. The list of suitable identity documents will have been sent to you with your application form

- **Occupational Health Pre-Placement Declaration**

Please sign and return a copy with your application form.

- **Training Booklet**

Please read, sign and return a copy with your application form. This is only required if you are not currently up to date with your mandatory training at your substantive Trust.

Next Steps

Please return the application form to Honorary.Contracts@gosh.nhs.uk