

Fitness to Practise (FtP) Declaration Form

** Information provided on this form is confidential and will not be seen by or shared with assessors*

This form should be completed by applicants to postgraduate training programmes where they have answered 'yes' to one or more of the questions in the fitness to practise section of the application form.

Title	
First Name	
Surname	
Contact Telephone Number	
Specialty and Level Applied For	
GMC Number	
Oriel PIN	
Medical School	

I have answered 'yes' to the following question/s in the fitness to practise section of the application form:

1.	Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a Court or Court Martial in the United Kingdom or in any other country?	Yes/No *
2.	Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?	Yes/No *
3.	Are you aware of any current NHS Counter Fraud and Security Management Service (CFSMS) investigation following allegations made against you?	Yes/No *
4.	Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current conviction or dismissal from your employment or volunteering position?	Yes/No *
5.	Have you ever been dismissed by reason of misconduct from any employment, volunteering, office or other position previously held by you?	Yes/No *

6.	Have you ever been disqualified from the practice of a profession or required to practice subject to specified limitations/conditions/warnings following fitness to practise proceedings by a regulatory or licensing body in the United Kingdom or any other country?	Yes/No *
7.	Are you currently the subject of any investigation or fitness to practise proceeding by any licensing or regulatory body in the United Kingdom or any other country?	Yes/No *
8.	Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for any position for which you are applying?	Yes/No *
9.	Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?	Yes/No *

* Delete as applicable

NB: If you are declaring more than one fitness to practise issue/incident, please number each incident when providing further details in the boxes below, and ensure that details are provided as requested for each numbered issue/incident.

Please provide a brief summary of the incident(s)
Date(s) of the incident(s)
Where the incident(s) took place
Final outcome or current state of any investigation(s)

A full account of the events leading up to the incident(s)

Personal reflection on the incident(s)

Any further information that you feel may be important in support of your declaration(s)

Please attached all documentation linked to your Fitness to Practise issue(s). This would include, but is not limited to fixed penalty notices (where available), letters/reports from your medical school, regulator, employer, social services and/or police.