

**Consultant Details**Nuffield Health Hospital: ☐

Doctor Name:

Doctor GMC number:

RO Details:

RO Name:

RO GMC number:

Please confirm which designated body you are the Responsible Officer for:

Please confirm the capacity in which this doctor is employed by your designated body:

**Current GMC status (please tick):**

- ☐ Not known to have been referred to the GMC
- ☐ Referred to the GMC
- ☐ The doctor is subject to GMC conditions or undertakings

**Current practice status (please tick):**

- ☐ No known restrictions
- ☐ Suspended/excluded from clinical practice
- ☐ Local restrictions are in place

**Supporting documentation (please tick):**

- ☐ Completed scope of practice template provided
- ☐ No supporting documentation to describe/share

**Communication with the doctor: (please tick):**

- ☐ I am sharing a copy of this form with the doctor
- ☐ I am not sharing a copy of this form with the doctor. I understand the doctor can request to see the content of this form.

Please include any other information which you think may be relevant to this doctors' application for practising privileges; e.g. details of any referral to the GMC, restrictions on practice, details of any other concerns or previous complaints.

*If you need more space please continue overleaf.*

Additional Information Cont.

**RO Confirmation of information:**

I confirm that the details entered above are correct and a true reflection of the doctor's current practice.

**Signature:**

**Date:**

**Contact Information**

**Telephone Number:**

**E-mail:**