General Medical Council

Regulating doctors
Ensuring good medical practice

Employer's reference

To be completed by a member of the Human Resources department or the applicant's line manager

Applicant's name							
GMC reference number							
Period of employment	From	D D M M Y Y Y Y	To	D D M M Y Y Y Y			
Position held by applicant							
Brief description of duties							
Was the applicant working in a medical capacity? (Please tick)	Yes	☐	No	☐			
Was the applicant required to hold registration or a licence with a medical regulator? (Please tick)	Yes	☐	No	☐			
If "yes," please give the name of the relevant medical regulator							
If "no," please explain why registration or a licence with a medical regulator was not required							
Are you aware of any issues that would call into question this doctor's fitness to practise?	Yes	☐	No	☐			
If "yes," please provide details							

I confirm that the information I have given is true and accurate to the best of my knowledge

Name		Position	
Telephone number		Email	
Signature		Date	
Name and address of organisation		Official stamp	