

APA17

Supplementary Employer Reference Form (PA/AA)

Use as evidence of 'other healthcare roles' or 'PA/AA Educator roles'

General
Medical
Council

This form is for use in association with an application for Physician Associate (PA) or Anaesthesia Associate (AA) registration, for evidence of work in 'other healthcare roles' or 'PA/AA Educator roles'.

Please use [the APA5 version of the form](#) for a clinical PA or AA role.

How to complete this form:

- Use Adobe software to add an electronic signature or upload a photo of your signature.
OR
- Complete, print, add a handwritten signature and scan form.
- If you are unable to do the above, you can add a typed signature. Please be aware we'll need to make further checks with typed signatures when the form is received.

Read our [webpage guidance](#) to support you with completing this form, including frequently asked questions.

The form is valid for three months from the date of signature. If it's not in date when received, we may ask for the form to be re-completed.

Section 1 of this form should be completed by the PA or AA applying for registration. Once completed, this should be shared with their line manager/supervisor, so they can complete the two remaining sections.

Section 2 and 3 of this form should be completed by the line manager/supervisor who can attest to the applicant's work. The line manager/supervisor completing the form must provide contact details to enable us to verify the information provided.

Section 1 – Applicant details (to be completed by the PA/AA applying for registration)

Your name			
Your GMC reference number (if known)			
Job title (your current/most recent position)			
Employing organisation name & address			
Post start date	<input type="text" value="DD/MM/YYYY"/>	Post end date (if applicable)	<input type="text" value="DD/MM/YYYY"/>

Section 2 – Declaration (to be completed by line manager/supervisor)

Confirm what capacity the applicant was/is working in:	PA/AA educator role <input type="radio"/>	Other health care role <input type="radio"/>
Are you aware of any issues relating to the applicant's character, conduct or performance that could call in to question their fitness to practise? (For example, were they subject to any disciplinary proceedings whilst employed?)	Yes <input type="radio"/>	No <input type="radio"/>
If 'yes', please provide details.		

Section 3 – line manager/supervisor's details

Your name		
Your position		
Your registration number (if you have one)		
Telephone number (Provide your official work telephone number, rather than a personal telephone number)		
Your email address (This should be an official work email address not a webmail address such as yahoo, gmail or Hotmail.)		
Name and address of employing organisation (if different to the details provided in section 1 - if they are the same you can leave this blank)		
By signing the form below, I confirm that:		
<ul style="list-style-type: none">• The information provided is true and correct,• I have checked with relevant local management that there are no ongoing investigations into the applicant's character, conduct or performance (other than any concerns outlined above),• I am not related to the applicant.		
Your signature To sign electronically* Click in the signature box and upload a photo of your signature or use the Adobe 'Fill & Sign' function		
Date of signature	DD/MM/YYYY	

When all sections have been completed and saved, return the form to the applicant to submit with their application for registration.