

APA5 Employer Reference Form

Physician Associate (PA) or Anaesthesia Associate (AA)

General
Medical
Council

This reference form is for PAs and AAs to confirm details of their most recent employment in support of their application for registration.

How to complete form:

- Use Adobe software to add an electronic signature or upload a photo of your signature.
- OR
- Print, complete, 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 supervising clinician, so they can complete the two remaining sections.

Sections 2 and 3 of this form should be completed by a supervising clinician responsible for supervision of the applicant. The 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 PA/AA position)		
Employing organisation name & address		
Post start date	DD / MM / YYYY	
Post end date (if applicable)	DD / MM / YYYY	
Average number of hours undertaken per week		
Period of employment		
Can you confirm this post is your current or most recent employment, and covers at least 3 months?	Yes <input type="radio"/>	No <input type="radio"/>
Do you work for any other organisation (or have done within the last three months), where the supervisor completing sections 2 and 3 would not be able to comment on your practice? (If yes, you'll need to complete an additional form to cover that practice)	Yes <input type="radio"/>	No <input type="radio"/>

most up-to-date version of the form.

Section 2 – declaration (to be completed by PA/AAs supervising clinician)

For the specified post in section 1, confirm the applicant worked as a:	PA <input type="radio"/>	AA <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.		
<input type="text"/>		

Section 3 – Supervising clinician's details (to be completed by supervising clinician)

Your name	<input type="text"/>
Your position	<input type="text"/>
Your 7-digit GMC Number	<input type="text"/>
Telephone number: Provide your official work telephone number, rather than a personal telephone number.	<input type="text"/>
Your email address This should be an official work email address not a webmail address such as yahoo or hotmail	<input type="text"/>
Name and address of employing organisation (if different to the details provided in section 1, if they are the same you can leave this box blank)	<input type="text"/>
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	<input type="text"/>
Date of signature	<input type="text" value="DD / MM / YYYY"/>