

Healthcare Services Statement

This form should be completed by any person, body or organisation the applicant has/had an arrangement to provide healthcare services* (including voluntary work as well as paid roles), anywhere in the world, in the period since they were last on the register of PAs and AAs. Without this document we cannot process the application.

If the applicant is/was providing services as PA/AA; this form should be completed by a clinician currently employed by the organisation who is/was responsible for supervision of the applicant.

If the applicant is/was providing services in any other healthcare role; this form should be completed by a current employee of the organisation with either oversight of the applicant or access to their HR records at the organisation.

This form should be completed entirely by the signatory.

To return this form:

Please complete the form and save a copy as a PDF on your computer. Add your saved file as an attachment to an email (we are unable to follow external links). Include "Healthcare services statement" and the GMC number of the applicant in the subject line and send it to: leavingandreturning@gmc-uk.org.

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|--|--|----------------------|--|---|----------------------|--|---|----------------------|----------------------|----------------------|----------------------|
| Applicant's name <input type="text"/> | | GMC number | | A | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Position held <input type="text"/> | | | | | | | | | | | |
| Start date <input type="text"/> | | | Are they still providing healthcare services to your organisation? Yes <input type="radio"/> No <input type="radio"/> | | | | If 'No' – please confirm end date <input type="text"/> | | | | |
| Is registration with a regulator required to undertake this role? If 'Yes' which regulator? If 'No', why was registration not required? | | | | | | Yes <input type="radio"/> No <input type="radio"/> | | | | | |
| <input type="text"/> | | | | | | | | | | | |
| Are you aware of any issues relating to the applicant's character, conduct or performance that could call into question their fitness to practise? | | | | | | Yes <input type="radio"/> No <input type="radio"/> | | | | | |
| If 'Yes' please provide details: | | <input type="text"/> | | | | | | | | | |

* ⁹⁵ For this form: we define 'providing healthcare services' as someone who, whether paid or voluntary, is undertaking patient-facing work in healthcare which involve direct interaction and engagement with patients, providing care, support, or services that directly impact their well-being. This includes but is not limited to work as a physician associate, anaesthesia associate, nurse or healthcare assistant.

| | | | |
|------------|----------------------|---------------------|----------------------|
| Name | <input type="text"/> | Organisation | <input type="text"/> |
| Job title | <input type="text"/> | Address | <input type="text"/> |
| Telephone | <input type="text"/> | | |
| Work email | <input type="text"/> | Date of declaration | <input type="text"/> |

By completing this form, I confirm that:

1. I can accurately comment on the applicant's fitness to practise during their period of service at the organisation.
2. The information I have given is true and accurate to the best of my knowledge.
3. I am an appropriate signatory as per the guidance at the top of this document.
4. I am not related to the applicant.

Signature

To sign electronically: Click in the blue box and upload a photo of your signature. Alternatively use the Adobe 'Fill & Sign' function.