

SELECTED MEDICAL PRACTITIONER

SUBMISSION FORM

Name:

CONFIDENTIAL

Before completing the submission form you are advised to read the instructions for completion carefully.

INSTRUCTIONS FOR COMPLETION

- We have made it possible to complete and submit the form electronically; where you see the blue box please start typing your response. All the normal functions of Microsoft Word should be available where the blue boxes appear. Please use a minimum font size of 12 point (this is the default setting).
- Please note that the form should be downloaded and saved to your computer before completing. If you are using a MAC you may also need to make sure that you have **Adobe Acrobat Reader installed.**
- No attempt should be made to redesign the form.
- Applicants must be able to demonstrate that they possess the necessary minimum criteria.
- All sections of the submission form must be completed.
- The Board will only consider information contained within the submission form, including proof of qualifications. (Please provide a copy of required qualifications). No additional information (such as CV's) will be taken into account and therefore should not be submitted.
- Please note that once signature is inserted at the end of this form it will be locked and cannot be edited further. Please only insert your signature when the form is fully completed.
- If you wish to submit in hard copy, it should be completed legibly in block capitals using black ink. The completed form can be posted under confidential cover to:

SMP Submissions
Northern Ireland Policing Board
James House, Block D
2 – 4 Cromac Avenue
The Gasworks
Belfast BT7 2JA

Or emailed to: Danielle.Pearson@nipolicingboard.org.uk

The information that you provide in **Part 2** will be used to evaluate how you meet the Minimum Criteria.

Please outline the details of membership of any professional bodies in **Part 3**.

Please sign and date the declaration at **Part 4** of this submission form.

PART ONE

PERSONAL DETAILS:

Surname:

Forename(s):

Date of Birth:

Town of Birth:

Country of Birth:

Work Address:

Postcode:

Correspondence Address:

Postcode:

Telephone:

Please provide a number at which you can be contacted during working hours.

Email:

PART TWO

MINIMUM STANDARDS

1a Do you hold a relevant Occupational Health Practitioner qualification for a minimum of 2 years? (i.e. Associate, Member or Fellow of the Faculty of Occupational Medicine (AFOM, MFOM or FFOM or EEA equivalent) Please provide a copy of your relevant certificate. (An original will be required at a later date).

Yes **No**

1b Have you at least 2 years post qualification experience in the field of Occupational Health?

Yes **No**

2a Are you registered with the General Medical Council (GMC) and hold a licence to practice in the UK?

Yes **No** GMC Reference No.

2b Please confirm the date when you are next due GMC revalidation.

2c Do you hold appropriate medical indemnity and insurance cover?

Yes **No**

3 All successful SMPs are required to be security cleared to CTC level. Are you content that the Board processes your security clearance application upon successful appointment using the information contained in this submission form?

Yes **No**

Please note that the information provided in Part 1 is used by the Board to register an individual on Defence Business Services (DBS) website initially and again by DBS to confirm the individual's identity when they are invited to complete their security clearance application form via email. Therefore it is very important that the information provided on both occasions is identical otherwise the application will not be accepted by DBS. Please provide a copy of proof of identity with your submission form (full EU/non EU passport or alternatively 2 of the following documents: current driving licence, birth certificate or recent utility bill).

(Please note that you will asked to bring proof of identity to the training)

PART THREE

PROFESSIONAL MEMBERSHIP

Please outline the details of membership of any professional bodies.

PART FOUR

DECLARATION AND SIGNATURE

I declare to the best of my knowledge and belief, that all statements contained in this form are correct. I understand that the Board may discontinue my services should I conceal any material fact.

Information supplied as part of the submission will be processed in line with the Board's Data Protection responsibilities.

For information about what we do with personal data, see our [Privacy Notice](#).

I consent that the Board may process my information.


Signature:

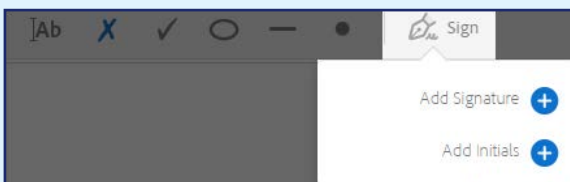
Date:

To note: All successful SMPs will be required to complete an Equal Opportunity (EO) Monitoring. Monitoring information is used to enable the Board to assess the effectiveness of its EO policies and to determine the impact (if any) of various policies and procedures.

How to sign or initial your form

To sign a PDF form, you can type, draw, or insert an image of your handwritten signature or initials.

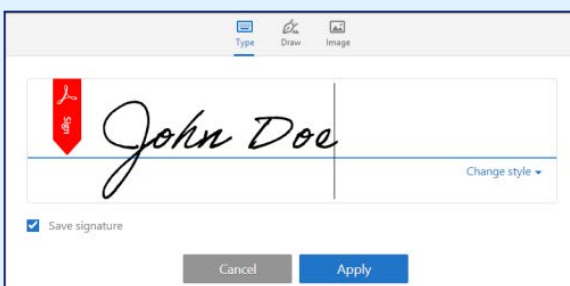
1. Open the PDF document or form in Acrobat or Reader, and click **Fill & Sign** in the right pane.
2. Click the Sign icon  in the Fill & Sign toolbar, and then choose whether you want to add your signature or just initials.



If you have already added signatures or initials, they are displayed as options to choose from.

3. If you've already added your signature or initials, just select it from the Sign options, and then click at the place in the PDF where you want to add your signature. Skip to the next step.

If you are signing for the first time, you see the Signature or Initials panel. Below is an example of the Signature panel.



You can choose to type, draw, or import a signature image. Added signatures and initials are saved for future use.

4. Click **Apply**, and then click at the place in the PDF where you want to place the signature or initial.