

Candidate Disclosure Form

Thank you for registering with International Medical Recruitment and LocumBank. We look forward to working with you closely to help you find your ideal placement and to make sure that the entire process is as smooth as possible.

Before we start working towards sourcing your ideal position, we require you to complete the following registration form.

SECTION 1 – Definitions

Company:

International Medical Recruitment Trust (IMR) trading as International Medical Recruitment Pty Ltd; or International Medical Recruitment Trust (IMR) trading as LocumBank

Candidate:

Any doctor registered with the Company for permanent or locum work as a doctor; or any doctor introduced to the Client for consideration for temporary or permanent work as a doctor

SECTION 2 – Registration Details

Please provide details of all medical registration/licensure currently or previously held:

Country/State/Licensing Authority	Date Registered (From – To)	Registration Number

*Please attach any additional registration details on a separate sheet





SECTION 3 – Fitness for Registration

i. Mental and Physical Condition

Have you ever been or are you now affected by any mental or physical condition or impairment with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes No If No, please go to question (ii)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school on a separate sheet.

ii. Conduct / Character

a. Convictions - Has any court in any country convicted you of any offence punishable by imprisonment of three months or longer? If yes, please attach a certified copy of your conviction notice(s).

🗌 Yes 🗌 No

b. Professional Conduct

If you answer yes to any of the following questions please provide full details on a separate sheet:

i. Did you, for any reason, have any time when you were not participating in your medical degree programme for more than two months?

🗌 Yes 🗌 No

ii. Are you now (or have you ever been) the subject of university disciplinary proceedings?

	Yes		Nc
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iii. Are you currently, or have you ever been, the subject of an investigation, in any country, in respect of any matter that may be the subject of professional disciplinary proceedings, an order of a medical disciplinary tribunal or similar tribunal?

🗌 Yes 🗌	No
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iv. Are you currently (or have you ever been) the subject of civil proceedings related to competence or negligence issues?

Yes		No
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iii. Have you ever had your medical licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?

	Yes		No
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iv. Have you ever voluntarily surrendered your medical licence, certificate or registration or permit to practise medicine for any reason other than avoidance of a renewal fee?

	Yes		No
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v. Have you ever had conditions imposed on your registration / medical licence / practising certificate or equivalent?

Yes	🗌 No
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vi. Have you ever been refused registration / medical licence / practising certificate or equivalent?

 \Box Yes П No





Please read through our Candidate Terms and Conditions. If you have any queries on anything we would be more than happy to discuss these with you.

SECTION 4 – Declaration

I hereby certify that I have read and understand International Medical Recruitment's Candidate Terms and Conditions, and that the information I have provided on the Candidate Disclosure Form is true and correct.

A completed form returned electronically will be deemed to be pursuant with the above statement.

Print Full Name:

Signature:

Date:

