

SCHEDULE 2

Regulation 9(2)

PART I

INFORMATION AND UNDERTAKINGS TO BE INCLUDED IN AN APPLICATION FOR INCLUSION IN THE MEDICAL LIST

1. Full name.
2. Sex.
3. Date of birth.
4. Private address.
5. Medical qualifications and where obtained.
6. Registration number in the Medical Register and date of first registration.
7. Information about general medical services to be provided for persons in the Board's area, and in particular whether—
  - (a) including )  
excluding ) maternity medical services  
limited to )
  - (b) including )  
excluding ) contraceptive services—  
limited to )
    - (i) excluding )  
including ) fitting of intra uterine devices
    - (ii) restricted )  
not restricted ) to patients to whom GP or partner provides other personal medical services
  - (c) including )  
excluding ) child health surveillance services  
limited to )
  - (d) including )  
excluding ) minor surgery services.  
limited to )
8. Present or most recent appointment.
9.
  - (a) Names and addresses of intended partner(s) and whether or not they are on the Board's medical list.
  - (b) Names and addresses of members of group (other than those already specified in (a)) with whom doctor intends to practise.
10. Whether applied/intending to apply for inclusion on minor surgery list/child health surveillance list.
11. Notification of the geographical boundary of his proposed practice area by reference to a sketch, diagram or plan of a scale approved by the Board.
12. Notification of address of proposed practice premises.
13. Whether the applicant intends to practise as—
  - (a) a full-time doctor;
  - (b) a three-quarter-time doctor;
  - (c) a half-time doctor;
  - (d) a job sharing doctor; or
  - (e) a restricted doctor.
14. Where the applicant intends to practise as a job-sharing doctor, the name of the other job-sharing doctor with whose hours the applicant's hours are to be aggregated for the purposes of regulation

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

15. Notification of proposed days and hours of attendance
16. Proposed place of residence (including telephone number and distance from main surgery) and an undertaking to inform the Board whenever changing permanent residence.
17. Telephone number(s) at which prepared to receive messages.
18. Undertaking that if accepting as a patient a person who at the time of acceptance is residing at a place outside the practice area that he will visit him at that address.

Regulation 16(2)

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## PART II

### INFORMATION TO BE INCLUDED IN AN APPLICATION FOR THE VARIATION OF A CONDITION IMPOSED IN CONNECTION WITH INCLUSION IN A MEDICAL LIST

1. Full name.
2. Private address.
3. Where the applicant intends to alter the extent of the general medical services provided by him in the area of the Board, information about the services to be provided, and in particular whether they
  - (a) will include )  
will exclude ) maternity medical services  
will be limited to )
  - (b) will include )  
will exclude ) contraceptive services—  
will be limited to )
    - (i) excluding )  
including ) the fitting of intra uterine devices
    - (ii) restricted )  
not restricted ) to patients to whom the applicant or any partner of his provides other personal medical services;
  - (c) will include )  
will exclude ) child health surveillance services  
will be limited to )
  - (d) will include )  
will exclude )  
will be limited to ) minor surgery services.
4. Name(s) and Address(es) of partner(s) with whom the applicant intends to practise, indicating whether or not their names are on the Health Board's medical list.
5. Details of any proposed changes to—
  - (a) the geographical boundary of the applicant's practice area, by reference to a sketch, diagram or plan of a scale approved by the Board;
  - (b) his practice premises;
  - (c) his place of residence;
  - (d) his telephone number(s) at which messages may be received.
6. Where the applicant is seeking a variation of a condition relating to his hours or the sharing of work—
  - (a) whether he wishes to practise as—
    - (i) a full-time doctor;
    - (ii) a three-quarter-time doctor;
    - (iii) a half-time doctor;
    - (iv) a job-sharing doctor; or
    - (v) a restricted doctor;
  - (b) details of the days on which and hours at which he proposes to attend at his practice premises.

Regulation 9(4)

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### PART III

#### FORM OF APPLICATION TO PROVIDE CONTRACEPTIVE SERVICES

To \_\_\_\_\_ Health Board  
I \_\_\_\_\_ residing at \_\_\_\_\_

and being included in the list of medical practitioners providing general medical services in the Board's area apply to be included among those practitioners who provide contraceptive services. In providing such services I undertake to be guided by modern authoritative medical opinion on contraceptive practice.

I propose to provide contraceptive services

- \*excluding ) the fitting of intra uterine devices
- \*including )
- \*restricted ) to the patients to whom I or both I and any partner of mine is providing other
- \*not restricted ) personal medical services

Date:-

Signed:-

\_\_\_\_\_  
\*Delete as appropriate.

Regulation 28(3)

### PART IV

#### INFORMATION TO BE SUPPLIED BY DOCTOR APPLYING FOR INCLUSION IN A CHILD HEALTH SURVEILLANCE LIST

1. Name.
2. Address of practice premises.
3. Registration number in the Medical Register and date of first registration.
4. Details of relevant medical experience (if appropriate before and after the date of first registration and during the 5 years prior to the application, together with any references.
5. Title of postgraduate qualifications held and date awarded.

Regulation 32(3)

## PART V

information to be supplied by doctor applying for inclusion in a minor surgery list

1. Name.
2. Address of practice premises.
3. Registration number in the Medical Register and date of first registration.
4. Details of relevant medical experience (if appropriate before and) after the date of first registration and during the 5 years prior to the application, together with any references.
5. Details of premises and equipment to be used.
6. Title of postgraduate qualifications held and date awarded.