

### SCHEDULE 3

#### PART I

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

1. Full name.
2. Sex.
3. Date of Birth.
4. Private address and telephone number.
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 FHSA's locality, and in particular whether—

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(a) (a) including excluding limited to	maternity medical services
(b) (b) including excluding limited to	contraceptive services
(i) excluding including	fitting of intra-uterine devices
(ii) restricted not restricted	to patients to whom the doctor or partner provides other personal medical services
(c) (c) including excluding limited to	child health surveillance services
(d) (d) including excluding limited to	minor surgery services

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8. Present or most recent appointment.
  - (a) (a) Name and private address of any intended partner and whether or not the name is in the FHSA's medical list.
  - (b) Names and private addresses of members of group (other than those already specified in (a) above) with whom doctor intends to practise.
10. Whether applied/intending to apply for inclusion in obstetric list/child health surveillance list/minor surgery list.
11. Notification of the geographical boundary of the applicant's proposed practice area by reference to a sketch, diagram or plan.
12. Notification of address(es) of proposed practice premises.

**Status:** This is the original version (as it was originally made).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

**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 15(1)(d).

**15.** Notification of proposed days and hours of attendance.

**16.** Telephone number(s) at which prepared to receive messages.

**17.** Undertaking that if accepting as a patient a person who, at the time of acceptance, is residing at a place outside the practice area, he will visit him at that address.

**18.** Proposed place of residence (including telephone number and distance from main practice premises) and an undertaking to inform the FHSA whenever changing permanent residence.

**19.** Declaration that he is a registered medical practitioner, included in the Medical Register in that name.

**20.** Undertaking to be bound by the terms of service.