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## SCHEDULE 2

Regulation 16(2)

## 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 will be limited to	)   maternity medical services 
(b)	will include will exclude will be limited to	   contraceptive services— 
	(i) excluding including	) the fitting of intra attrine devices
	(ii) restricted not restricted	<ul> <li>to patients to whom the applicant or any partner of his provides</li> <li>other personal medical services;</li> </ul>
(c)	will include ) will exclude ) will be limited to )	child health surveillance services
(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;
    - (e) his place of residence;
    - (d) his (elephone 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.