



**SELF-EMPLOYED LOCUM STARTER FORM  
(N. Ireland Locums Only)**

All new self-employed locums working for Well must complete this form to ensure payment can be made. A signed locum agreement must accompany the new starter form. Existing locums must use a change of details form to update their details.

**This form cannot be processed unless signed by hand and dated on page 3.  
PLEASE USE BLOCK CAPTIALS AND A BLACK PEN (This ensures information is legible).**

Title	Full Registered Name	Name Known As
Address		
Postcode	Telephone No	Mobile No
Email Address		
PSNI No	Date of Original Registration	

<b>Bank/Building Society details</b>	Name of Bank
Address	
Sort Code ____ - ____ - ____.	Account No _____.
Account Name	Reference No (If applicable)

Own Indemnity Insurance YES/NO Policy Number _____ Insurers Name _____	<b>ACCESS NI (ANI) (Compulsory)</b> ANI Reference Number _____ ANI Issue Date _____ Date of Birth _____
Are you registered as a Limited Company YES/NO If Yes please give details below LTD Company name:- _____ LTD Company Number:- _____ VAT Registration Number:- _____	Graduation from UK University YES/NO    Do you have a permit to work in the UK? YES/NO Non UK nationals only (please provide a copy)

Please send to: Well Operations Resource Planning Department, Merchants Warehouse, Castle Street,  
Manchester, M3 4LZ



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<b>Type of Locum</b>	Direct Locum <input type="checkbox"/>	Agency Locum <input type="checkbox"/>
Name of Agencies used:-	Distance willing to travel _____	Available to stay away if Hotel <input type="checkbox"/>
<b>Travel Arrangements</b>	Car <input type="checkbox"/>	Public Transport <input type="checkbox"/>
<b>Type of Bookings Taken</b>	Forward Planned <input type="checkbox"/>	How far Ahead _____
Emergency Bookings <input type="checkbox"/>	PCO Rotas <input type="checkbox"/>	Bank Holidays <input type="checkbox"/>
Saturdays <input type="checkbox"/>	Sundays <input type="checkbox"/>	Evening Shifts <input type="checkbox"/>
If you would like to be added to our emergency texting service, please list areas covered (direct locums only)		
<b>Rest break Availability</b>	As per Business needs <input type="checkbox"/>	Complete Break required <input type="checkbox"/>
Break required but still available <input type="checkbox"/>		
<b>Religious requirements</b>	Prayer Breaks <input type="checkbox"/>	Friday Prayers <input type="checkbox"/>
Other (including religious holidays) _____		
Other languages spoken _____		
Other languages read _____		
Any objections to selling or supplying any medicines? YES/NO		
<b>Experience</b>	Are you employed by any other Organisation? YES/NO	
	If yes please provide name of organisation _____	
	Number of hours you are contracted with org _____	
Do you have experience of working in Community Pharmacy? YES/NO	Do you have experience of working in a Hospital Pharmacy? YES/NO	
If yes, please give details _____	If yes, please give details _____	
Have you previously been employed by Well? YES/NO	Are you related to anyone who is currently employed by Well? YES/NO	
If yes, please state position, location and dates of employment _____	If yes, please give their name and location _____	
Are you familiar with Cegedim Pharmacy Manager? YES/NO		
Do you have any concerns about working with an Accuracy Checker? YES/NO		
If yes please state why _____		
Are you competent in the use of Methameasure? YES/NO	<b>Regular daily workload</b>	Less than 300 items <input type="checkbox"/>
	300-500 items <input type="checkbox"/>	more than 500 items <input type="checkbox"/>

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Minimum Accreditation Required		
MUR Accreditation (Please provide a copy) <input type="checkbox"/>	Minor Ailments <input type="checkbox"/>	
Other Services		
Services	PCOs accredited to provide services in	Expiry Date
EHC on PGD		
EHC OTC		
Flu Vaccinations		
Needle Exchange		
Palliative Care		
Smoking Cessation		
Supervised Consumption (including Methadone)		
Weight Management/Lipotrim		
<p>Please list below any other services you can provide and which PCOs you are accredited to deliver them in.</p>		
<p><b>PLEASE SIGN AND DATE THIS FORM - IT CANNOT BE PROCESSED WITHOUT A SIGNATURE AND WITHOUT ALL PAGES BEING SENT THROUGH TOGETHER.</b></p> <p>I certify that the information provided on this form is true and accurate. I understand that I have an obligation to inform the Operations Resource Planning Department of any changes in the information I have given within 5 days of the change.</p> <p>Signature _____ Date _____</p> <p>I have double checked the bank details and confirm they are correct <input type="checkbox"/></p>		
FOR OFFICE USE ONLY		
Entered By	Signature	Dated

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