

## Medical Revalidation – New Starter Information

<b>Name:</b>		<b>GMC Number:</b>	
<b>Post:</b>		<b>Start Date:</b>	
<b>Department:</b>		<b>End Date: (if applicable)</b>	
<b>Current Prescribed Connection:</b>		<b>Revalidation Date:</b>	
<b>Current Responsible Officer:</b>		<b>Current Responsible Officer email address:</b>	

### Previous Connections

Details of Other Employers / Organisations			
Organisation	Address	Contact Name	Contact Details

### Appraisal History

Appraisal History			
<b>Trained Appraiser?</b>	Yes / No	<b>Date Top Up Training Completed</b>	
<b>Appraisals:</b>	Please attach copies of your last two appraisals	<b>Were these appraisals conducted by a revalidation top up trained appraiser?</b>	Yes No Don't Know

### Do you have a prescribed Connection with another Designated Body? (Complete if applicable)

<b>Designated Body</b>		<b>Responsible Officer</b>	
<b>Address</b>		<b>Telephone Number</b>	
		<b>Email Address</b>	