

Personal details form

Please complete this form and add it to your **Appraisal and Revalidation portfolio**.

Name

Dr P. Sample

Registered address and telephone number

The Surgery, Nice Place, Big Town.

Main practice address and telephone number (if applicable)

As above.

Name of PCT you are registered with and date of registration

Nice Area PCT

Qualifications

UK or elsewhere, with dates

*1982 MB BS
1990 DRCOG
1995 MRCGP*

GMC Registration

Type now held, registration number and date of first full registration

Full 1234567 Feb 1982

Date of last revalidation (if applicable)

First.

Date of certification

JCPTGP certificate or date of starting practice if before 1981

1990

Date of appointment to current post (if applicable)

2000

Main current post in general practice

e.g. GMS principal or PMS doctor with a patient list, GP retainer, assistant or locum

PMS Partner/Principal

Other current posts

Please list any other current appointments with (1) starting dates (2) average time spent on them (3) whether public sector, e.g. Benefits Agency, or private sector, e.g. nursing home. You should list here any regular locum posts you work.

Occupational medicine attachment, half day per week.

Previous posts

NHS and elsewhere, last five years, with dates, including locum appointments lasting more than one month.

See CV.

Other relevant personal details

Please give any other brief information you wish that helps to describe you, e.g. membership of professional groups or societies

See CV.

Name:

Signed:

Date: