

DECLARATION OF ANY LOSS OR SURRENDER OF MEDICAL LICENCE TO PRACTISE; or HOSPITAL SUSPENSIONS; or INVESTIGATION/DISCIPLINARY ACTION OR LAWSUIT (CONFIDENTIAL)

MidCentral District Health Board understands and respects an applicant's right to privacy and the information on this declaration will only be used for the purpose of determining whether an applicant is suitable for employment. This information will only be viewed by a senior Human Resource staff member, the Chief Medical Officer and Clinical Director. These staff will determine whether or not the information you have declared will impact on your suitability for employment. Your information will remain confidential to these staff.

Please complete both Section A and Section B of this form.

SECTION A

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) Have you lost or surrendered your Licence to Practise medicine during your career?..... Yes No
- 2) Have you been suspended from any hospital during your career? Yes No
- 3) Are you currently, or have you been, subject to any investigation or pending disciplinary action or lawsuit in relation to your professional conduct or medical practice, eg competence, negligence or ethical issues?..... Yes No

If you have answered "Yes" to any of these questions, please complete the *Disclosure* section below and sign the declaration in Section B. Otherwise, please complete and sign the declaration in Section B.

DISCLOSURE – To be completed by applicants who answer "yes" to any of the questions above.

I declare that I (tick relevant box/es):

- Have lost or surrendered my Licence to Practise medicine during my career
- Have been suspended from a hospital during my career
- Am currently or have been subject to an investigation or pending disciplinary action or lawsuit in relation to my professional conduct or medical practice, eg competence, negligence or ethical issues for the reasons listed:

(If you wish you may add any comments relating to the above and your suitability for employment in the position you have applied for within MidCentral District Health Board.)

SECTION B

DECLARATION: I, (full name) _____ declare the information provided is correct and no relevant material/information has been omitted.

I understand that this information will be used for the purpose of processing my application for employment. I also understand that if I give any incorrect or misleading information or omit any important information during the appointment process, I may be disqualified from consideration, or, if appointed, be liable for disciplinary action which may result in my dismissal.

Signed Date