

Confirmation of your NHS post

This form is completed digitally. Please fill in **section 1**, then email this to the HR department of your current or previous NHS employer. They must complete **section 2** and email it back to you. Simply save it on your computer so it's available to upload to your PPR profile.

Here to help

If you have any questions please call us on **0330 900 4900**. We're available Monday-Friday from 8 am–6 pm, excluding bank holidays, or you can email us at **custserv@healthcode.co.uk**.

| Section 1 - details of the po | st | |
|---|---|--|
| Full name | | |
| Start date of the post | | |
| Hospital, university or medical school: name and address | | |
| Type of post held | Substantive | |
| | Honorary | |
| | Locum (Must have been held for 6 months or more) | |
| | Other – please state | |
| | | |
| lf the post was honorary, please state the type of post | Senior Lecturer | |
| | Reader | |
| | Professor | |
| | Other – please state | |
| | | |
| GMC / HCPC / Regulatory body reference number | | |

Now email the form to your HR Department for completion.





Section 2 – declaration

As a member of the HR department I declare that to the best of my knowledge and belief the information provided on this form is full, true and correct.

| Full name | |
|--|--|
| Position | |
| Date | |
| Name of hospital | |
| Department | |
| Address | |
| Signature (not typed) | |
| Please complete the other fields first | |

Please email the completed form back to the practitioner.

