

**INFORMATION REQUIRED BY HOST TRUSTS IN THE  
NORTHWESTERN DEANERY FOR DOCTORS ON ROTATION**

**Please print your information. Your Host Trust will use this for  
Induction purposes and to contact you during your rotation.**

|  |  |
|--|--|
| <b>Surname</b>                             |  |
| <b>Forename(s)</b>                         |  |
| <b>Title</b>                               |  |
| <b>Name registered with at<br/>GMC/GDC</b> |  |
| <b>GMC/GDC Number</b>                      |  |
| <b>GMC /GDC Renewal Date</b>               |  |
| <b>Specialty</b>                           |  |
| <b>Level</b>                               |  |
| <b>Home Address</b>                        |  |
|  |  |
|  |  |
| <b>Home Telephone Number</b>               |  |
| <b>Mobile Phone Number</b>                 |  |
| <b>Email Address</b>                       |  |

**Please save the completed form and email it to the Medical  
Staffing or HR Department of the Trust you are rotating to.**