



Annual trainee declaration

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1.0 Purpose

Trainees sign an Agreement with College at the commencement of training. To remain in good standing, trainees must abide by the conditions set down in the Agreement. Notification of good standing is done using the declaration below.

2.0 Scope

Trainees enrolled on the national GP Training programme.

3.0 Declaration

3.1 Declaration 1: Garda / Police

I declare that I **have not**, at any time, been convicted (e.g. probation, fine, sentence, penalty) of a criminal offence (e.g. assault, public order, sexual assault) in the Republic of Ireland and / or any other jurisdiction nor are there any charges relating to criminal offences outstanding or pending. I have never been the subject of a Caution or Bound over order. I accept that making a false or misleading declaration may render my training position as null and void.

Signed: _____ Date: _____

OR

I declare that I **have** been convicted (i.e. probation, fine, sentence, penalty) of a criminal offence (e.g. assault, public order, sexual assault) in the Republic of Ireland and/or in any other jurisdiction. I have been the subject of a Caution or Bound over order. Please provide the details of same in the table below. I accept that making a false or misleading declaration may render my training position as null and void.

- Date
- Court
- Country
- Offence
- Court outcome

Signed: _____ Date: _____



3.2 Medical Council / licensing body

I declare that I **am not and have not** been suspended from registration, nor had any restrictions on practice nor had my registration or licence cancelled or revoked by any medical registration or licensing body or authority in any jurisdiction nor am I the subject of any current suspension or any restrictions on practice. I accept that making a false or misleading declaration may render my training position as null and void.

Signed: _____ Date: _____

OR

I declare that I **am or have** been suspended from registration, have/had restrictions on practice and/or my registration or licence cancelled or revoked by a medical registration or licensing body or authority in any jurisdiction and/or am the subject of any current suspension and/or have any restrictions on practice. I accept that making a false or misleading declaration may render my training position as null and void.

Please provide the details of same in the table below.

Date
Country
Medical Council/ Licensing Body
Offence
Status/ Outcome

Signed: _____ Date: _____



3.3 Health

I have read the [HSE job demands form](#) which outlines the physical, cognitive/communication, psychosocial and other demands of the training programme. I confirm I have no condition or disability that might impact my ability to fully engage in training.

Signed: _____ Date: _____

OR

I have read the [HSE job demands form](#) which outlines the physical, cognitive/communication, psychosocial and other demands of the training programme. I confirm that I do have a condition or disability that might impact my ability to fully engage in training and that **I have notified** the GP training programme of my required accommodations.

Signed: _____ Date: _____

OR

I have read the [HSE job demands form](#) which outlines the physical, cognitive/communication, psychosocial and other demands of the training programme. I confirm that I do have a condition or disability that might impact my ability to fully engage in training and that **I have not notified** the GP training programme of my required accommodations.

Signed: _____ Date: _____



4.0 Contact

Quality Assurance and Enhancement

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