



# Visiting Clinician Personal Declaration



## ABOUT THIS FORM

**Who should use this form?** Visiting Clinicians to Auckland DHB

**What is the form for?** This form confirms to Auckland DHB that the Visiting Clinician meets the standards required for participating or observing in clinical procedures.



## YOUR DETAILS

Full name \_\_\_\_\_

Position & current employer \_\_\_\_\_

Medical Council registration number  
(if participating in clinical procedures) \_\_\_\_\_

## DECLARATION

I confirm that:

- There are no outstanding court, disciplinary or investigation proceedings underway that Auckland DHB should be aware of.
- I agree to follow the operating standards, policies, procedures and values of Auckland DHB.
- I accept the terms outlined in Auckland DHB's letter of offer to me.

In addition, if I have been offered the opportunity to participate as well as observe during my time at Auckland DHB, I confirm that:

*(Strike out if not applicable)*

- The work I am proposing to do at Auckland DHB is within my scope of practice.
- I hold appropriate indemnity insurance.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Keep a copy of this signed form for your records and provide the original to the Supervising Specialist at Auckland DHB.

Having trouble completing this form?  
Call askHR on ext 27900 or 09 6309800

