



Medical Transport
UBIQUE

IMT MEDICAL TRANSPORT LIMITED 3-MONTHLY SELF DECLARATION FORM

Please read the following details before completing this self-declaration form.

- ❖ This self-declaration form will be used by IMT Medical Transport Limited as a statement of truth from you to determine that you are confirming your suitability for the position you are employed in.
- ❖ By signing this form, you hereby give IMT Medical Transport Limited permission to undertake checks and searches about you that are relevant to any regulatory checks that may be taken against us. You are also confirming that the details of this self-declaration form have been made by yourself and are true and correct.
- ❖ If at any time any of the information declared within this document changes during this 3-month period, you declare that you will inform IMT Medical Transport Limited within 24 hours of any changes.
- ❖ Fraudulent claims or declarations will be treated as gross misconduct and IMT Medical may apply our disciplinary process and / or report any offences to the relevant authority.

Personal Details	
Full Title and Name	
Full Address	
Position	
If applicable	Paramedic PA Nr: _____ IHCD Nr: _____ Other: _____
Declaration	
I continue to meet IMT Medical Transport Limited's standards of proficiency for the safe and effective practice of my profession and continue to undertake Continuing Professional Development. Such as in-house or online training.	YES / NO (If no state reason why as additional comments below)
I confirm there have been no changes to my health or relating to my good character, which I have not advised my employer or client about and which would affect my safe and effective practice of my profession to deliver medical care.	YES / NO (If no state changes / reason why as additional comments below)
I confirm that I continue to meet the standards for continuing professional development set by IMT Medical Transport Limited.	YES / NO (If no state reason why as additional comments below)
I confirm that I have no medical disclosures to make in relation to medical malpractices or reporting of incidents.	YES / NO (If yes disclosures as additional comments below)

Driving Convictions or Reporting	
Please list any motoring offences that have been incurred during the past 3-months. If yes, state which code.	YES / NO (If yes state reason why as additional comments below)
Was this information provided at the time of the offence to IMT Medical's HR Officer as required of you within 24 hours?	YES / NO (If no state reason why as additional comments below)
Have any conditions, which will or may prevent you from driving been reported under the notifiable medical information requirements to DVLA or as advised by your doctor?	YES / NO (If yes state reason why as additional comments below)
Has your licence been revoked by IMT Medical's Driving instructor or a legal body for any reason?	YES / NO (If yes state reason why as additional comments below)
Criminal Convictions	
Please declare whether you have been cautioned or convicted of an offence as within the past 3 months?	YES / NO (If yes state reason why as additional comments below)
Was this information provided at the time of the offence to IMT Medical's HR Officer as required of you within 24 hours?	YES / NO (If no state reason why as additional comments below)
Additional comments you may wish to add	
If you answered NO to any of the professional disclosure questions please provide details (Use separate sheet if required)	

Signature: _____ Date: _____ Print Name: _____

Forward all forms to:
compliance@imtmedical.co.uk

or
 IMT Medical Transport Limited
 NUMBER 1
 LINK ROAD DEPORT
 LINK DEPOT
 HUYTON
 L36 6AP

Telephone: 051 449 3710
 E-Mail: claudia.jones@imtmedical.co.uk

Comments:

FIT TO PRACTICE: YES / NO

Management Action undertaken:

Information checked by: _____

DATE RECORDED ON STAFF AUDIT FILE: _____