

# Appraisal and revalidation declaration

Manx Care



Please read the below statement, and complete the fields, to declare as required under the responsible officer regulations. Once completed, please return this form to the Office of Human Resources.

## Declaration

I declare that I have no existing prescribed connections to any designated body under the Responsible Officer Regulations.

I am aware that I have an obligation to inform the Suitable Person for Noble's Hospital if I work anywhere else in the UK or Channel Islands.

**Full name**

**GMC number**

**Signed**

**Date**