

UD8

Please return this form to us at:
 General Medical Council
 Registration Support Team (Updates)
 3 Hardman Street
 Manchester
 M3 3AW
 Tel. 0161 923 6602 (+44 161 923 6602 if outside of the UK)
 Fax. 0161 923 6722 (+44 161 923 6722 if outside of the UK)

General
 Medical
 Council

Regulating doctors
 Ensuring good medical practice

Provision of medical services statement

To be completed by the individual, body or organisation to whom the applicant currently has (or has had in the past) an arrangement to provide medical services. This includes individuals, bodies and organisations outside the United Kingdom. **Please note that if you were most recently working as a GP partner or GP principal, this form cannot be signed by your practice manager.** Please refer the form to another GP partner or GP principal, or a medical staffing officer at the Trust for completion.

Applicant's name	PROF MUFTAH SALEM ELJAMEL		
GMC reference number	3444935		
Is the doctor currently providing a service to you and/or your organisation?	Yes ☐	No ☒	
Period of service	From 09/10/1995	To 11/12/2013	
Position(s) held by applicant	CONSULTANT NEUROSURGEON		
Is/was the applicant working in a medical capacity?	Yes ☒	No ☐	
Is/was the applicant required to hold registration or a licence with a medical regulator?	Yes ☒	No ☐	
If "yes," please give the name of the relevant medical regulator	GMC		
If "no," please explain why registration or a licence with a medical regulator was not required			
Are you aware of any proceedings, act or omission on the part of the applicant which might render them liable to be referred to the General Council in relation to their conduct, health or performance?	Yes ☒	No ☐	
If "yes," please provide details	THIS HAS BEEN THROUGH IOP on Feb 28 2014		

I confirm that the information I have given is true and accurate to the best of my knowledge.

Signature	CAT C	Date	14/04/2014
Name	DR ALAN MORAY COOK	Position	MEDICAL DIRECTOR - NIGHTSIDE OPERATIONS UNIT
Telephone	CAT C	Email	CAT C
Name and address of your organisation	NHS TAYSIDE MINEWELLS HOSPITAL DUNDEE DD1 9SY		

Please be aware that a statement about the provision of medical service is a legal requirement for all doctors wishing to apply for a licence to practise or restore to, or be voluntarily removed from, the Register in the United Kingdom. For further information about this and other relevant legislation, please visit our website: <http://www.gmc-uk.org/about/legislation.asp>

Failure to submit this document may result in our assessment of the doctor's application being delayed.