**PLEASE USE BLOCK CAPITALS**

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| --- | --- |
| Application from |  |
| Job |  |
| Application date |  |

|  |  |
| --- | --- |
| **Personal Details** | |
| Title |  |
| First Names |  |
| Surname |  |
| Address 1st line |  |
| Address 2nd line |  |
| Postal town or city |  |
| Postcode |  |
| Contact telephone number |  |
| Email address |  |
| Date of birth |  |

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| **To be completed by the Trust/Medical Director** |

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| To confirm that the Trust supports the applicant in the role of Vice President and will allow sufficient time to carry out these duties. | |
| Name |  |
| Position |  |
| Email address |  |
| Signature |  |
| Date | /    /  DD MM YYYY |

|  |  |
| --- | --- |
| **References (All referees must be College Members)** | |
| Referee first name  (including title) |  |
| Referee surname |  |
| Referees position/occupation |  |
| Address |  |
| Contact telephone number |  |
| Email (please note that this will be the primary method of communication) |  |

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| Referee first name  (including title) |  |
| Referee surname |  |
| Referees position/occupation |  |
| Address |  |
| Contact telephone number |  |
| Email (please note that this will be the primary method of communication) |  |

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| **Career history (last 5 years)** | |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role |  |
| Main responsibilities |  |

|  |  |
| --- | --- |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role |  |
| Main responsibilities |  |

|  |  |
| --- | --- |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role |  |
| Main responsibilities |  |

|  |  |
| --- | --- |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role |  |
| Main responsibilities |  |

|  |  |
| --- | --- |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role |  |
| Main responsibilities |  |

|  |  |
| --- | --- |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role |  |
| Main responsibilities |  |

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| **Qualifications** | |
| Awarding body |  |
| Date |  |
| Subject |  |

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| --- | --- |
| Awarding body |  |
| Date |  |
| Subject |  |

|  |  |
| --- | --- |
| Awarding body |  |
| Date |  |
| Subject |  |

|  |  |
| --- | --- |
| Awarding body |  |
| Date |  |
| Subject |  |

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| --- | --- |
| Awarding body |  |
| Date |  |
| Subject |  |

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| **Membership of professional organisations** |
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| **Please give** r**easons, personal skills, experience and attributes you would bring to the position.** |
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| **What do you see the greatest challenges for the RCOphth over the next few years** |
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| **How would you seek to raise the RCOphth’s public profile?** |
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| **Cautions, criminal convictions and other statements** | |
| Have you at any time had (or do you have pending) any criminal convictions? | Yes  No |
| Have you at any time had (or do you have pending) any investigations, suspensions, limitations or removal of medical registration in any country? | Yes  No |
| Have you ever been refused or are there any reasons why a certificate of good standing might be refused in any country where you have worked? | Yes  No |
| Do you have any health problem likely to adversely affect your professional work? | Yes  No |
| Are you aware of any matters that may affect your good standing as a member of the Royal College of Ophthalmologists? | Yes  No |
| If you have answered ‘Yes’ to any of the above questions please give an explanation opposite. |  |
| I confirm that I have complied with my employer’s requirements for annual appraisal. | Yes  No |
| I confirm that I am complying / will comply with the College’s requirements for CPD or those of another college relevant to my practice (please specify). | Yes  No |
| I confirm that I am registered with the General Medical Council UK and am up to date with my revalidation and licencing. | Yes  No |

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| **Equal opportunities monitoring** | |
| Your ethnic group |  |
| Your gender |  |
| Do you identify as transgender? |  |
| Your religion or belief. Please select the group you most identify with? |  |
| Your sexual orientation |  |
| Would you describe yourself as having a disability? |  |
| If yes, are there any adjustments we could make to the recruitment process? |  |
| Please provide details of any adjustments |  |

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| **To be completed by the applicant** |

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| Signature (electronic signature accepted) |  |
| Date | /    /  DD MM YYYY |

**Please return by Monday 18 January 2016 12.00 noon to:**

Email: [jo.longden@rcophth.ac.uk](mailto:jo.longden@rcophth.ac.uk)

Address: The Royal College of Ophthalmologists, 18 Stephenson Way, London, NW1 2HD

Direct line: 02037705352

Fax: 020 7383 5258

**Interview date Friday 5 February 2016**