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| **Personal Details** | |
| Title |  |
| First Names |  |
| Surname |  |
| Contact telephone number |  |
| Email address |  |

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| **Please outline the personal skills, experience and attributes you would bring to the position.**  **Detail specifically any previously involvement in reviews or inspections or similar (max 500 words)** |
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Please include a reference from your current Medical Director (or equivalent) and your College Regional Representative (or equivalent) and confirm their contact details below.

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| **Medical Director (or equivalent)** |

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| Name |  |
| Organisation |  |
| Email address |  |
| Telephone number |  |

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| **College Regional Representative (or equivalent)** |

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| Name |  |
| Organisation |  |
| Email address |  |
| Telephone number |  |

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| **Career history (last 3 years) Please add additional boxes if required** | |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role *(include additional roles such as Educational Supervisor here)* |  |
| Main responsibilities |  |

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| --- | --- |
| Employer/Organisation |  |
| Date employed from |  |
| Date employed to |  |
| Please indicate here if this is your current position |  |
| Position/job title/role *(include additional roles such as Educational Supervisor here)* |  |
| Main responsibilities |  |

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| **Qualifications** |
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| **Other roles and membership** |
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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 or relevant professional body? | | 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 |
| **Equal opportunities monitoring (you may decline to answer any or all of the following)** | | |
| Your ethnic group |  | |
| Your gender |  | |
| Do you identify as transgender? |  | |
| Your religion or belief. |  | |
| 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 |  | |
| **To be completed by the applicant** | | |

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

**Please return by 17:00 Thursday 30 November to the Professional Support Department**

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

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