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

|  |
| --- |
| **To be completed by the Clinical Lead** |

|  |  |
| --- | --- |
| To confirm that the Clinical Lead would support the applicant in the role of CESR Assessor | |
| Name |  |
| Position |  |
| Email address |  |
| Signature |  |
| Date | /    /  DD MM YYYY |

|  |  |
| --- | --- |
| **Career history (last 2 years)** | |
| 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 |  |

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

|  |
| --- |
| **Qualifications** |
|  |

|  |
| --- |
| **Other roles and membership** |
|  |

|  |
| --- |
| **Please outline the personal skills, experience and attributes you would bring to the position** |
|  |

|  |  |
| --- | --- |
| **Training Experience** | |
| Postgraduate training / teaching experience |  |
| Qualifications in education |  |
| Evidence of commitment to training (National Recruitment, examining, ARCP attendance, running teaching programme) |  |
| Participation in Training the Trainers courses: clinical supervision, feedback, appraisal and assessment, teaching methods, doctors in difficulty, equality and diversity. |  |

|  |  |  |
| --- | --- | --- |
| **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 |
| **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** | | |

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

**CESR ASSESSOR TRAINING DAY**

Due to the current COVID-19 situation, we will notify you of the next training day.

**Please return this application with your abridged CV (no more than 2 sides of A4). Applications will be considered within four weeks of receipt.**

Email: equivalence@rcophth.ac.uk

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

Tel: 0203 770 5338