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| **Personal Details** |
| Title |  |
| First Names |  |
| Surname |  |
| Contact telephone number |  |
| Email address |  |
| **Role Applied For: Consultant on the Sub-committee** |  |

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

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| To confirm that the Clinical Lead supports the application  |
| Name |  |
| Position |  |
| Email address |  |
| Signature |  |
| Date |    /    /     DD MM YYYY |

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| **Career history (last 3 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 |  |

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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 |  |
| Main responsibilities |  |

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| **Qualifications**  |
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| **Other roles and membership** |
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| **Please outline the personal skills, experience and attributes you would bring to the position**  |
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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 [ ] [ ]  |
| **To be completed by the applicant**  |

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

**Please return by 9.00am Thursday 22 December 2022 to Alex Tytko at** **alex.tytko@rcophth.ac.uk** **with abridged CV.**

**Interview Date: Thursday 12 January 2023 via zoom.**