**PLEASE USE BLOCK CAPITALS**

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| --- | --- |
| **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 would support the applicant in the role of Honorary Secretary at The Royal College of Ophthalmologists and will allow sufficient time to carry out these duties. | |
| Name |  |
| Position |  |
| Email address |  |
| Signature |  |
| Date | /    /  DD MM YYYY |

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| --- | --- |
| **References (All referees must be College Members)** | |
| Referee first name  (including title) |  |
| Referee surname |  |
| Referee’s 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 |  |
| Referee’s 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 |  |

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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 |  |

|  |  |
| --- | --- |
| 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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| **Membership of professional organisations** |
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| **Please outline the personal skills, experience and attributes you would bring to the position** |
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| **Equal opportunities monitoring** | |
| 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 |

**Please return the completed form by 12noon Thursday 25 May 2023 to:**

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

Interviews for this role will be in person and are scheduled for the afternoon of **Thursday 15 June 2023 at the College in London.**