Logo

Description automatically generated**RCOphth *INSPIRE* Programme Co-Editors**

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**Application Form**

Closing date: **9am Monday 24 April 2023**

E-mail this application form to: **education@rcophth.ac.uk**

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| --- | --- |
| **Personal Details** | |
| Title |  |
| First Names |  |
| Surname |  |
| Qualifications |  |
| Contact telephone number |  |
| Email address |  |
| Main role (grade and profession) |  |
| Current Trust/Employer |  |
| Does your employer/supervisor support your application? |  |

|  |
| --- |
| **Please indicate which area(s) you are interested in being Co-Editor of** |
| **• Neuro-Ophthalmology**  **• Students, GPs and Specialists**  **• Historical Ophthalmology** |
| **Please selectively list the key positions you have held, with dates, which have given you experience that will help you in this role**  *(use the “alt” key with a bullet and a tab)* |
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| --- |
| **Please describe why you think you are suitable for this role** (max 150 words) |
|  |

Please double click box to confirm:

|  |  |
| --- | --- |
| **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 your professional body? | Yes  No |
| If you have answered ‘Yes’ to any of the above questions please give an explanation below. |  |
| I confirm that I have complied with my employer’s requirements for annual appraisal /performance review. | Yes  No |
| I confirm that I am complying with the requirements of my professional body for CPD / CET or ARCP. | Yes  No |
| I confirm that I am registered with the General Medical Council UK or appropriate body for Professional Registration, and I am up to date with my revalidation and/or licencing. | Yes  No |
| **To be completed by the applicant** | |

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

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