|  |  |  |
| --- | --- | --- |
| **PERSONAL DETAILS** | | |
| Name |  |
| Telephone no. |  |
| Email address |  |
| College membership no. |  |
| Place of work |  |
| Region |  |

|  |  |
| --- | --- |
| **PERSONAL STATEMENT** | |
| Please provide a short statement as to why you feel you would be suitable for this role (limited to 400 words) |
|  |
| **TO BE COMPLETED BY THE CHAIR OF SPECIALTY TRAINING COMMITTEE (STC) OR SCHOOL BOARD** | |

|  |  |
| --- | --- |
| Endorsement by a LETB/Deanery representative is required, although this is a College appointment. Please sign below to indicate STC or School Board support. | |
| Name |  |
| Position |  |
| Email address |  |
| Signature |  |
| Date | /    /  DD MM YYYY |

|  |
| --- |
| **TO BE COMPLETED BY THE APPLICANT** |

|  |  |
| --- | --- |
| I confirm that my summary CV (max. two size A4 pages) is enclosed  This **must** include information about your skills & experience in training and education and focus on the skills and achievements which will equip you for the post. |  |
| Signature |  |
| Date | /    /  DD MM YYYY |

**Please return to:**

**Education and Training Department**

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

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