Surgical Tutor Application

**[Hospital/Trust name, School of Surgery],**

**Please complete this form in type or black ink and return by email by to:**

<Name>  
<Telephone>

<[Email](mailto:BCarty@rcseng.ac.uk)>

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| 1. PERSONAL DETAILS | | | | | | | | | | | | | | | |
| Last name: | | | | | | | | Title: | | | | | | | |
| First name(s): | | | | | | | | GMC: |  |  |  |  |  |  |  |
| Email address: | | | | | | | | | | | | | | | |
| Email address for core training matters (if different to the above): | | | | | | | | | | | | | | | |
| *We publish Surgical Tutor email addresses on a dedicated* [*page*](https://www.rcseng.ac.uk/careers-in-surgery/outreach/contact-your-surgical-tutor/) *of our website for core trainees to access. These addresses are removed once Surgical Tutors demit or reach the end of their tenure.*  *Please see section 8 for more information on how the RCS handles your data.* | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| Post code: |  |  |  |  |  |  |  |  | | | | | | | |
| Telephone: | | | | | | | | Mobile: | | | | | | | |
| Surgical specialty: | | | | | | | | | | | | | | | |
| Fellow of the Royal College of Surgeons (FRCS):  Yes  No  *If no*, have you taken the FRCS exam?  I have taken the FRCS exam  I have not taken the exam. I have been granted FRCS *ad eundem*. | | | | | | | | | | | | | | | |
| Please indicate the College you are affiliated with: | | | | | | | | | | | | | | | |
| *If successful at interview, you will be required to take up Fellowship (by transfer or ad eundem as appropriate) of the Royal College of Surgeons of England if you are not already a Fellow of this College.* | | | | | | | | | | | | | | | |

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| 2. EDUCATION | | |
| Qualifications obtained (including degrees, diplomas, professional examinations): | | |
| **Exam/ qualification** | **Grade** | **Year** |
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| 3. CURRENT HOSPITAL AND MEDICAL APPOINTMENTS (Most recent first) | | | |
| **Name** | **Position** | **Dates** | |
| From | To |
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| 4. PREVIOUS EDUCATION AND TRAINING ROLES | | | |
| eg. STC, Deanery, College, Specialty Association, national: | | | |
| **Organisation** | **Position** | **Dates** | |
| From | To |
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| 5. PROFESSIONAL INTERESTS | |
| Including education, training, etc. | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| 6. RELEVANT EXPERIENCE |
| Please outline the key issues facing surgery and how you would improve surgical education and training in the hospital in your role as College Surgical Tutor, given the requirements of the Trust, School of Surgery and College (500 words maximum): |
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| 7. EQUALITY AND DIVERSITY POLICY |
| The Royal College of Surgeons is committed to equal opportunities for all those involved with the RCS. |

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| 8. DATA PROTECTION | |
|  | The information you have given on this form will be held by the External Affairs Department of the Royal College of Surgeons of England (RCSEng) on a compartmented secure server in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes that you originally contacted us for. The information is kept by RCSEng.  Your information will be also processed by Joint Committee on Surgical Training (JCST) for the purpose of registering you on the Intercollegiate Surgical Curriculum Programme (ISCP) website as a Surgical Tutor. JCST is an intercollegiate body of the four surgical Royal Colleges of the United Kingdom and Ireland and all matters related to training. Registration on the ISCP website is a necessary requirement of performing the role of a Surgical Tutor.  Should you wish to find out more about how we handle your information or to discuss any services provided by RCSEng, please contact [OutreachSouth@rcseng.ac.uk](mailto:OutreachSouth@rcseng.ac.uk) / [OutreachNorth@rcseng.ac.uk](mailto:OutreachNorth@rcseng.ac.uk). Please also see our [Privacy Policy](https://www.rcseng.ac.uk/privacy-policy/) and the [ISCP’s Privacy Policy](https://www.iscp.ac.uk/privacy.aspx). |
|  | **By ticking this box I certify that I have understood the above statement and agree that the information provided is to the best of my knowledge correct. I am not aware of any reason why it would be inappropriate for my application to be considered, for example due to a formal investigation into my professional practice or conduct.** |
|  | **By ticking this box I give consent for RCSEng to publish my contact details (full name and contact e-mail address exclusively) on** [**this page**](https://www.rcseng.ac.uk/careers-in-surgery/outreach/contact-your-surgical-tutor/) **if successful in my application to the role. This is necessary in order for me to perform the role of a surgical tutor. I understand that at any point I am free to withdraw this consent by contacting OutreachSouth@rcseng.ac.uk / OutreachNorth@rcseng.ac.uk and this will be simultaneous with resigning from the tutor position. When I will be contacted by trainees with regards to sensitive matters, I agree to keep that correspondence confidential and not disclose it without consent unless otherwise obligated by law.** |

**Signed:** …………………………………. **Date**: / /