



Surgical Team Member Application Form

Thank you for applying to become a Surgical Team Member of the Royal College of Surgeons of England. The grade is open to those holding the following roles in the Surgical Care Team:

- Surgical Care Practitioner
- Surgical First Assistant
- Physician Associate
- Advanced Nurse Practitioner
- Advanced Clinical Practitioner

CONTACT DETAILS

First name

Surname

Email address

Home address

Postcode

Contact number

CURRENT APPOINTMENT

Job title

Job role

Specialty

Name of Hospital/
Educational Establishment

QUALIFICATIONS

Please provide a certified copy of your qualification

Name of qualification

Institution of study

Start date

Completion date

REGISTRATION BODY

Name of registration body
e.g. HCPC, NMC

Membership ID

Date of joining

REFEREE

FELLOW OF RCS ENGLAND

I, the undersigned, who is in the *bona fide* practice of surgery do hereby certify that:

Applicant name:

is, from his/her/their moral character and professional attainments, a fit professional and proper person to be associated with The Royal College of Surgeons of England, and, accordingly, recommend him/her/them to the Council of the said College to be awarded Surgical Team Member status.

Name

Fellowship number

Email

Signature / Date

D D / M M / Y Y

APPLICATION CHECKLIST

Completed application form

Completed referee

Certified copy of qualification