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|  | QA AND ACCREDITATION  RECRUITMENT OF QA ASSESSORS APPLICATION FORM |

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| **Please email your completed application form and full CV to** [**qa@rcseng.ac.uk**](mailto:qa@rcseng.ac.uk)  **Where the applicant is not a surgeon please provide experience as relevant to JD** |

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| PERSONAL DETAILS | |
| Last name: | Title: |
| First names: | GMC no: |
| Address: | |
|  | |
| Post code: | |
| Email: | Mobile: |

SPECIALTY / AREA OF EXPERTISE

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Other professional interests

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| **MEMBERSHIP OF SPECIALIST ASSOCIATION/S (OR EQUIVALENT)** (please list specialist associations (or equivalent) you are a current member of*:* |
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| EDUCATION  Qualifications obtained *(including degrees, diplomas, professional examinations):* | | | | | |
| Exam/Qualification | | | Grade | | Year |
| **HOSPITAL AND MEDICAL APPOINTMENTS (OR EQUIVALENT)** *(most recent first)* | | | | | |
| Name and Address | Position held | Dates  From To | | | Specialty |
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| **PREVIOUS EXPERIENCE OF BEING AN ASSESSOR, REVIEWER OR EXAMINER (OR EQUIVALENT)** | **DATES** |
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| **PLEASE PROVIDE A SUMMARY STATEMENT OF HOW YOU MEET THE RCS QA ASSESSOR ROLES AND RESPONSIBILITES CRITERIA** | |
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| **PLEASE PROVIDE ANY COMMENTS ON YOUR AVAILABILITY FOR UNDERTAKING REVIEWS** | |
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| **REFEREES**  *(Please choose two referees who would be relevant to this application)* | |
| Name: | Name: |
| Relationship: | Relationship: |
| Contact Address\*: | Contact Address\*: |
| Email: | Email: |

\* Please give a hospital/home address for referees.

Equality, diversity and inclusion policy

The Royal College of Surgeons of England is committed to equal opportunities for all those involved with the College.

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| **DECLARATION** | |
| I confirm that the information given above is to the best of my knowledge correct. | |
| **Signed:** |  |
| **Date:** |  |