

## SURGICAL CARE TEAM

## **Associate Application Form**

Thank you for applying to become an Associate of the Royal College of Surgeons.

The grade of Associate is open to members of the surgical care team including:

- Surgical Care Practitioners
- · Surgical First Assistant
- Physician Associates
- Advanced Nurse Practitioners
- · Advanced Clinical Practitioners

| CONTACT DETAILS                                  |  |
|--|--|
| First name                                       |  |
| Surname  |  |
| Email address                                    |  |
| Home address                                     |  |
|  |  |
| Postcode   |  |
| Contact number                                   |  |
| CURRENT APPOINTMENT                              |  |
| Job title  |  |
| Job role   |  |
| Specialty  |  |
| Name of Hospital/<br>Educational Establishment   |  |
| QUALIFICATIONS                                   |  |
| Please provide a certified copy of 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 THE RCS  |  |
| I, the undersigned, who are in the b   | ona fide practice of surgery do hereby certify that: |
| Applicant name:  |  |
| is, from his/her 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 to the Council of the said College to be awarded Associate status. |  |
| Name   |  |
| Fellowship number  |  |
| Email  |  |
| Signature / Date   |  |
| APPLICATION CHECKLIST  |  |
| Completed application form   |  |
| Completed referees   |  |
| Certified copy of qualification  |  |
| Membership subscriptions and fees  |  |