

**APPLICATION TO BE A REGIONAL / NATIONAL SPECIALTY ADVISOR**

**Please complete and submit to:** Mrs Nikki Walcott ([nwalcott@rcseng.ac.uk](mailto:nwalcott@rcseng.ac.uk))

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| **Your personal and contact details** | |
| **Title:** |  |
| **Forename/s (in full):** |  |
| **Surname:** |  |
| **Home Address:** |  |
| **E-mail:** |  |
| **Mobile No:** |  |
| **GDC Registration No:** |  |
| **GDC Specialist listing:** |  |
| **Position applied for:** |  |
| **Please outline why you believe that you are suitable for the role.**  (No more than 500 words) | |
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| **Applicant’s Declarations:** | |
| 1. I can confirm I am a fellow/ member of this Faculty. 2. I am not currently a member/fellow of this Faculty but intend to join. 3. For Regional Advisors only: I can confirm that I currently work in the region I have applied for. 4. I have read and understand the role and responsibilities of a regional /national specialty advisor. 5. I have no unresolved disciplinary issues with my employer. 6. I am not undergoing fitness to practice proceedings with the GDC or have GDC conditions. 7. I have discussed my application with my employer /clinical line manager, and they are supportive of my application. 8. I have sufficient time to undertake the role. | **YES  NO**  **YES  NO  N/A**  **YES  NO**  **YES  NO**  **YES  NO**  **YES  NO**  **YES  NO**  **YES  NO** |

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| **APPLICANT’S SIGNATURE:** | **DATE:** |