**FFICM EXAMINERSHIP APPLICATION FORM**

**The application form must be completed online** in full using the Word version of the document.

All information must be submitted electronically.

**Please submit your completed application** to [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk)

The submission will be acknowledged by return email. **Please DO NOT SUBMIT your Curriculum Vitae.**

**CLOSING DATE: Thursday 22 June at 5pm**

**Contact Details**

**Part 1**

1.1 Title 1.2 First name(s) 1.3 Last name

1.4 Address and postcode (*Home*) 1.5 Telephone number (*Home*)

1.6 Telephone number (*Work*)

1.7 Address and postcode (*Work*) 1.8 Telephone number (*Mobile*)

1.9 CC(S)T date: (*if applicable*)

1.8 Gender 1.9 Email address

1.10 Parent College 1.11 GMC number

1.12 Parent Specialty

**Part 2**

**Qualifications and Training**

2.1 Please list your qualifications, including the date of the award

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| --- | --- |
| **Qualification** | **Date** (*DD/MM/YYYY*) |
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2.2 Please confirm whether you are Fellow or Associate Fellow of the Faculty of Intensive Care Medicine:

FFICM  AFICM

2.2 Equal opportunities and Diversity training within the last 3 years

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| **Training** | **Date** (*DD/MM/YYYY*) |
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**Appointments**

**Part 3**

3.1 Current appointment

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| **Appointment** | **Date** (*DD/MM/YYYY*) |
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3.2 Previous relevant appointments

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| **Appointment** | **Date** (*DD/MM/YYYY*) |
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**Experience**

**Part 4**

4.1 Formal education and training positions held

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| **Details** | **Date** (*DD/MM/YYYY*) |
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4.2 Evidence of active involvement and commitment to medical education

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| **Details of both formal and informal experience** | **Date** (*DD/MM/YYYY*) |
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4.3 Evidence of active involvement in the preparation of trainees for postgraduate examinations

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| **Details of both formal and informal experience** | **Date** (*DD/MM/YYYY*) |
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4.4 Special Interests

**Supporting Information**

**Part 5**

5.1 Publications

*List up to 5 published since obtaining appointment to consultant/SAS grade posts, with special emphasis on those of particular relevance to training/education and basic sciences.*

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| --- | --- |
| **Publications** | **Date** (*DD/MM/YYYY*) |
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5.2 Continuing Professional Development

*Please provide details of points earned in the 20/21* ***AND*** *21/22 CPD cycles.*

5.2.1 External points (20/21) 5.2.2 Internal points (20/21)

5.2.3 External points (21/22) 5.2.4 Internal points (21/22)

**Statement**

**Part 6**

Please explain why you have applied for the role and highlight the ways in which you match each of the points in the person specification (maximum 200 words)

**Referees**

**Part 7**

*Please provide the names and contact details of three referees, who will be asked to provide references, one of whom should be a member of your current department/directorate.*

7.1 **First Referee**

Title First name(s) Last Name

Work Address and postcode Telephone number

Email address

7.2 **Second Referee**

Title First name(s) Last Name

Work Address and postcode Telephone number

Email address

7.3 **Third Referee**

Title First name(s) Last Name

Work Address and postcode Telephone number

Email address

**Part 8**

**Applicant’s Declaration**

**Data Protection Statement**

The Faculty of Intensive Care Medicine is part of the Royal College of Anaesthetists. The linked [Data Protection Policy](https://www.ficm.ac.uk/data-protection-policy) applies to all personal data handled by the College, including its Faculties. The FICM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FICM activities.

The information provided on this form will be processed and shared with those involved in the FFICM Examiner recruitment process.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk)

I wish to have my application to become a FFICM Examiner of the Faculty of Intensive Care Medicine considered. I confirm that, to the best of my knowledge, all of the information that I have provided herein represents a true and accurate statement. I also have the expectation of completing 10 years as an examiner and commit to at least 10 days per academic year. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.

Please check the box below to demonstrate you understand, consent to and can confirm the above:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date (*DD/MM/YYYY*) |  |  |  |  |  |  |  |  |  |  |