THE FACULTY OF PAIN MEDICINE **OF THE ROYAL COLLEGE OF ANAESTHETISTS**

APPLICATION FORM FOR ASSOCIATE FELLOWSHIP OF THE FACULTY OF PAIN MEDICINE

This application form is ONLY for use by medical practitioners holding a substantive or honorary NHS or Defence Medical Services consultant post in the United Kingdom with sessional or other contracted clinical commitment to Pain Medicine applying for Associate Fellowship of the Faculty of Pain Medicine. Please read the Regulations in Appendix C before completing the form.

The application form must be completed online in full using the PDF version of the document. All information must be submitted electronically. Do not alter the format.

Please read the guidelines in this form carefully and note the supporting documentation required for your application to be considered.

Please submit your completed application to <u>contact@fpm.ac.uk</u>. Large applications should be electronically zipped before sending. The submission will be acknowledged by return email.

Part 1	Contact and refe	rence details	
1.1 Title	1.2 First name(s)		1.3 Last name
1.4 Address	and postcode		1.5 Telephone number (home)
			1.6 Telephone number (work)
1.7 Gender	1.8 Date of birth	1.9 Email address	

These following details are used to confirm the applicant is in good standing with the Royal College of Anaesthetists (RCoA).

1.10 College (RCoA) reference number (*if applicable*)

1.11 GMC number

Part 2 Application information

2.1 Details of your honorary or substantive consultant post in the United Kingdom including your full work address

2.2 State number of sessions or other contracted clinical commitment per week devoted to Pain Medicine

2.3 Please list your qualifications

Part 3 Applicant's Declaration

I wish to have my application for the Associate Fellowship of the Faculty of Pain Medicine considered by the Board of the Faculty of Pain Medicine.

I enclose all the following documentation:

Completed and signed application form

Full and current CV, which can contain a personal portfolio

Completed Clinical Director certificate (Appendix A)

Completed eligibility certificate (Appendix B)

I agree that the Board of the Faculty of Pain Medicine may seek any further information that it considers is relevant to my application, and that my personal details may be made available to a third party(ies), as required, for the purposes of considering my application.

I understand that before an assessment of my application can proceed, letters from all signatories must have been received by the Board of the Faculty of Pain Medicine.

I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. 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.

Data Protection Statement

The Faculty of Pain Medicine (FPM) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The FPM 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 FPM activities.

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 <u>contact@fpm.ac.uk</u>.

3.1 Name of applicant

3.2 Signature of applicant*

3.3 Date declaration signed

*Signature of applicant: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission.

APPENDIX A Clinical Director Certificate

This certificate must be completed and signed by the applicant's current or past Clinical Director to confirm the applicant's commitment to Pain Medicine <u>in the NHS</u>. If the applicant is the Clinical Director, a more senior manager should complete this form.

I (Clinical Director)	
of (work address)	

Confirm tha	: (name of	^{applicant})
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is a substantive, honorary NHS consultant or Defence Medical Services consultant with sessional or other contracted clinical commitment to Pain Medicine

and

was appointed by a properly constituted appointments committee to a substantive or honorary consultant post with an interest in Pain Medicine.

and

is up to date with annual appraisals

Signature*

Date (DD/MM/YYYY)

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Details of Clinical Director in case further information is required:

Email address(es):

Telephone number(s):

* *Signature*: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

APPENDIX B **ELIGIBILITY CERTIFICATE**

This certificate must be completed and signed by two Fellows of the Faculty of Pain Medicine of the Royal College of Anaesthetists. The signatories must verify your current post and clinical commitment to Pain Medicine in the NHS and that you are a fit and proper person to be admitted to the Associate Fellowship of the Faculty.

The application will not be considered without two signatures.

The document can either be completed electronically with an electronic signature or signed in hardcopy and scanned into a PDF for submission.

(1) I (name of Fellow)				
College Reference Number (CRN)				
verify that (name of applicant)				
(a) holds a substantive or honorary NHS consultant post in the United Kingdom with sessional or other contracted clinical commitment in Pain Medicine; and				
(b) is a fit and proper person to be admitted to the Associate Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists.				
Signature:	Date:			

(2)	l (name of Fellow)			
College Re	ference Number (CRN)			
verify th	nat (name of applicant)			
. ,		NHS consultant post in the inical commitment in Pain M	0	
(b) is a fit and proper person to be admitted to the Associate Fellowship of the Faculty of Pain Medicine of the Royal College of Anaesthetists.				
Signature:			Date:	

APPENDIX C FACULTY REGULATIONS: ASSOCIATE FELLOWSHIP

Any person holding a substantive or honorary NHS or Defence Medical Services consultant post in the United Kingdom with sessional or other contracted clinical commitment in Pain Medicine (1), and who is not a Fellow of the Faculty (2) and who is a fit and proper person

and is willing and able to comply with all of the specified conditions may apply for admission to Associate Fellowship of the Faculty.

An application for admission as an Associate Fellow shall be accompanied by the following documents and such other matters as may be prescribed:

- (a) a declaration, in the prescribed form, signed by the applicant;
- (b) a *curriculum vitae* of the applicant which can include a personal portfolio;
- (c) a certificate signed by the Clinical Director of the applicant to verify the current post;
- (d) a certificate signed by two Fellows of the Faculty, to the effect that the applicant is a fit and proper person to be admitted to the Associate Fellowship (3).

Notes:

- (1) Pain Medicine describes the work of specially qualified medical practitioners who undertake the comprehensive management of patients with acute, chronic and cancer pain using physical, pharmacological, interventional and psychological techniques in a multidisciplinary setting.
- (2) The Faculty of Pain Medicine of the Royal College of Anaesthetists in the United Kingdom.
- (3) No Fellow who is deprived of privileges for whatever reason, shall be eligible, while so deprived, to sign a certificate for the purpose of sub-paragraph (c) of this regulation.