



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

FFPMRCA examinership application form

The application form must be completed in full using the pdf version of the document. All information must be submitted electronically. Personal details are removed from the application prior to being despatched to the reviewers.

Please submit your completed application to contact@fpm.ac.uk. The submission will be acknowledged by return email. Please do NOT submit your Curriculum Vitae.

Title: First name Last name

College Reference Number (CRN) GMC Number

Home address Work address

Work telephone number: Home telephone number: Mobile:

Qualifications (including CCT if applicable) with dates

Date (DD/MM/YY) Qualification

I am a Fellow/Associate Fellow of the Faculty

I am in good standing with the Faculty

I hold full registration, without limitation, with the GMC

Current appointment (including date of appointment)

Date (DD/MM/YY) Appointment

Previous relevant employment (consultant or SAS post only, including locum posts)

Date (DD/MM/YY) Appointment

Evidence of active involvement and commitment to training, assessment and examination preparation (max 400 words. Give examples of relevant formal and informal experience with dates):

Equal opportunities training (within last three years)

Please provide date(s) and attach a copy of the certificate for completion below.

Date (DD/MM/YY) Involvement and commitment to training and assessment

Publications

It is desirable that applicants are able to demonstrate the involvement in written and electronic publications that are of particular relevance to training/education and basic sciences of pain medicine. To ensure anonymity please do not enter your name in the list of authors, the committee will presume you are involved in the publications listed. Please give details:

Date (DD/MM/YY) Publication

Please explain why you wish to become an FFPMRCA Examiner (max 300 words)

Please provide the contact details of your clinical director and regional adviser, both of whom will be asked to provide structured references

Clinical director name Email Address

Regional Adviser Name Email Address

- I have read the Person Specifications and Job Description and believe I meet the essential requirements of this role
- I have spoken with my trust regarding applying for this role and I would be able to commit to 7 days or more per academic year
- I can confirm that I do not have any restrictions or warnings against me practising medicine within the UK.

Applicant signature

Date (DD/MM/YYYY)