**Sponsorship Scheme: Application form for doctors from outside the EEA seeking ‘sponsorship pending status’ for GMC registration**

**APPLICATION FORM**

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| This application form is for international medical graduates (IMGs), who are doctors, wishing to undertake a period of postgraduate pathology training in the UK. For the purpose of this document, ‘IMG’ refers to doctors from outside of the European Economic Area and from henceforth will be referred to as ‘doctors.’ In order to train in pathology in the UK, all IMGs must be registered with the General Medical Council (GMC) and, where they have no right to work in the UK, hold an appropriate work permit or visa (see <https://www.rcpath.org/international/international-medical-science-graduates/work-permits.html>)The Royal College of Pathologists is able to offer sponsorship for exceptional doctors from overseas in the following specialties:* Chemical Pathology
* Histopathology (and associated subspecialties)
* Diagnostic Neuropathology
* Forensic Histopathology
* Paediatric and Perinatal Pathology
* Medical Microbiology (including CIT and/or dual training with Infectious Diseases)
* Medical Virology (including CIT and/or dual training with Infectious Diseases)
* Haematology (Government and stipend funded doctors)

For sponsorship in Immunology or Haematology (apart from government funded doctors), please contact the Royal College of Physicians. Please see link to their MTI page on their website: <https://www.rcplondon.ac.uk/education-practice/advice/medical-training-initiative>.The following is an extract from *The Royal College of Pathologists Sponsorship Scheme – Booklet of Information*. Doctors should read that document **in full** before making any application for sponsorship. This is available on the [College](https://www.rcpath.org/international/international-medical-science-graduates/obtaining-registration-with-the-gmc/sponsorship-with-exemption-from-plab.html) website. |
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| **Submitting your application:**If you wish to apply for the Sponsorship Scheme, you are required to submit completed application form together with the relevant supporting documents via email to: sponsorship@rcpath.org In addition to that, all the applicants must post a hardcopy of their application pack to the following address: *Sponsorship Scheme**The Royal College of Pathologists**6 Alie Street**London E1 8QT* An application pack for the Sponsorship Scheme can be downloaded on the College’s website: <https://www.rcpath.org/international/international-medical-science-graduates/obtaining-registration-with-the-gmc/sponsorship-scheme.html>Please be aware, that we are not able to process application forms that are not submitted **IN FULL** to us. Uncomplete application forms will be rejected and will have to be re-submitted.Applications will not be processed until the payment of non-refundable administration fee of £210 is received by the College (please see the Sponsorship Booklet for details.) **IMPORTANT:** Please be aware that the assessment of the application for Sponsorship Scheme takes between two to six months, therefore ensure sufficient time for completion of the application process before your intended start date of the post.The doctors must have been engaged in medical practice before submitting their application and must not come out of practice during the application process (please see detailed information in the Sponsorship Scheme Booklet).  |

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| **FOR OFFICE USE ONLY:**

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| **Date received:**  |  |  |
| **Administration fee paid:**  |  |
| **Job description for the post endorsed:**  |  | **Job description endorsed by:**  |  |
| **References received:** | **References 1** | **References 2** | **References 3** |

**NOTES:** **Date approved: Approved by:**  |

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| **Section A: Personal Details** |
| **\* Title** |  Choose an item. |  |
| **\* Surname/Family Name** |  Surname/Family Name. |
| **\*Please attach a recent passport photo** |
| **\* First Names** |  First Names. |
| **Other names used e.g. for registration with official bodies (if different)** |  Other names used. |
| **\*Address** |  Address. | **\*Date of Birth dd/mm/yyyy** |  Date of Birth. |
| **Postcode** | Postcode. |
| **\*Country** | Country. |
| **Home phone** | Home phone. | **Mobile**  | Mobile. |
| **Work phone** | Work phone. | **Do you have access to video-conference or Skype facilities?** |  Yes [ ]  No [ ]  |
| **\*Email Address** *(Please provide an active email address which you check regularly. You must inform the College and Deanery of any change)* | Email Address. |
| **Specialty (please indicate one only)** |  |
| **SECTION B: Details of the post offered in the UK** |
| **\*Have you already been offered a placement with a Trust/Hospital?** | Yes [ ]  No [ ]  |
| **If you answered YES to the above, please provide the details of post offered in the UK.** | Enter Trust name and address. |
| **Title/ Grade of the post** | Enter the Title/ Grade of the post |
| **Name of Supervising Consultant/ Head of Department/ Educational Supervisor** | Please enter text. |
| **Email Address:**  | Please enter text |
| **Telephone Number:**  | Please enter text |

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| **Section C: Work Permit Status and English Language Skills** |
| Please tick the appropriate box. |
| **\*Do you currently have a visa or other leave to remain in the UK?** | Yes [ ]  No[ ]  |
| **If I am appointed I will NOT need a work permit to take up a post (give reason).** | [ ]  Please give reason |
| **If I am appointed I will need a work permit to take up a post.** | [ ]   |
| **I am intending to obtain a MTI visa (government-funded doctors only)** | [ ]   |
| **I have other visa to undertake the post** | [ ]  Please provide us with the name of the visa |
| **English Language Skills**You are required to demonstrate skills in written and spoken English that are adequate to enable effective communication about medical and / or health topics with patients, colleagues and the public. Evidence of English Language proficiency is an essential criterion for entry to the Sponsorship Scheme. You are required to provide evidence that your written and spoken English language is adequate to enable effective communication about medical topics with patients and colleagues. For this we require you to have obtained an overall **IELTS (International English Language Testing System)** score of **at least 7.5** and at least **7.0** in all four modules (listening, reading, writing and speaking modules) OR a **grade B** in all testing categories of the **Occupational English Test (OET).** IELTS and OET certificates are valid for only two years; All modules must be taken at the same time, within 2 years of the application closing date or equivalent.The achievement of these scores is also required for GMC registration. Please refer to the GMC’s [English language requirements.](http://www.gmc-uk.org/doctors/registration_applications/language_proficiency.asp)Please note that GMC can only assess evidence submitted by doctors once they have submitted an application for registration and no longer issue doctors with letters about the acceptability of their English Language evidence.PLEASE NOTE: Passing PLAB I or II is NOT considered a satisfactory alternative to IELTS or OET. |
| **\*Please provide the date you passed IELTS****(dd/mm/yy)** | Click here to enter a date. |
| **\*Overall IELTS score** | Overall IELTS score. |
| **\*Speaking component** | Speaking component. |
| **\*Listening component** | Listening component. |
| **\*Reading component** | Reading component. |
| **\*Writing component** | Writing component. |
| **\*Please provide the date you passed OET****(dd/mm/yy)** | Click here to enter a date. |
| **\*Speaking component** | Speaking component. |
| **\*Listening component** | Listening component. |
| **\*Reading component** | Reading component. |
| **\*Writing component** | Writing component. |
| **SECTION D: PLAB test/ other sponsorship Schemes** |
| **\*Have you previously attempted the PLAB test?** | Yes [ ]  No[ ]  |
| **If yes, please state:**  |
| **Date(s) attempted:**  | Click here to enter a date. |
| **Location of test centre(s):** | Click here to enter text. |
| **Outcome (pass/fail):**  | Click here to enter text. |
| **\*Have you been found ineligible for another sponsorship scheme?**  | Yes [ ]  No[ ]  |
| \*Please note that GMC considers that doctor who have failed either part of PLAB test or who have previously been turned down for sponsorship by another sponsoring body are generally not suitable candidates for sponsorship, though they have discretion to consider applications.  |

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| **Section E: Fitness to Practice and Criminal Investigations** |
| It is vitally important that you read, understand and answer the questions asked in this section by indicating “yes” or “no” Please read the notes carefully before completing this part of the form. If you require further information please contact sponsorship@rcpath.org. All enquiries will be treated in strict confidence. We aim to promote equality of opportunity and are committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other information declared. Answering "YES" to any of the questions below will not necessarily bar you from appointment. This will depend on the nature of the position for which you are applying and the particular circumstances. Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event, you still remain free, should you wish to discuss the matter with the interviewing panel. As part of assessing your application, we will only take into account relevant criminal record and other information declared. **The Data Protection Act 1998** requires us to provide you with certain information and to obtain your consent before processing sensitive data about you. Processing includes: obtaining, recording, holding, disclosing, destruction and retaining information. Sensitive personal data includes any of the following information: criminal offences, criminal convictions, criminal proceedings, disposal or sentence. The information that you provide in this Declaration Form will be processed in accordance with the **Data Protection Act 1998.** It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud. This Declaration Form and any information provided relating to a positive declaration will be kept securely and in confidence, and access to it will be restricted to designated persons within recruiting organisation and other persons who need to see it as part of the selection process and who are authorised to do so. If successfully appointed to a training post, this information may be passed to designated persons in your first or lead employing organisation and any organisations through which you rotate.  |

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| **Section F: Fitness to Practice and Criminal Investigations (cont’d)** |
| **It is vitally important that you read, understand and answer the questions asked in this section** Please answer all of the following questions. If you answer “YES” to any of the questions, please provide full details to sponsorship@rcpath.org. Please mark the mail as “CONFIDENTIAL”. |
| If you would like to discuss what effect any previous convictions, police investigations or fitness to practise proceedings taken or being taken either in the UK or by an overseas licensing or regulatory body might have on your application, you may contact the college by telephone in confidence.**Please indicate Yes or No to the following questions** |
| **1** | Are you currently bound over or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country? You do NOT need to tell us about parking offences but other driving offences must be declared (excluding fixed penalty notices). \* | Yes [ ]  | No [ ]  |
| **2** | Have you ever received a police caution, reprimand or final warning that has yet to be investigated by the GMC? | Yes [ ]  | No [ ]  |
| **3** | Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of? \* i | Yes [ ]  | No [ ]  |
| **4** | Are you aware of any current NHS Counter Fraud and Security Management Service (CFSMS) investigation following allegations made against you? \* | Yes [ ]  | No [ ]  |
| **5** | Have you ever been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current conviction or dismissal from your employment? \* i | Yes [ ]  | No [ ]  |
| **6** | Have you ever been dismissed by reason of misconduct from any employment, office, or other position previously held by you? \*  | Yes [ ]  | No [ ]  |
| **7** | Have you ever been disqualified from the practice of a profession or required to practise subject to specified limitations/conditions/warnings following fitness to practise proceedings by a regulatory or licensing body in the United Kingdom or in any other country? \* | Yes [ ]  | No [ ]  |
| **8** | Are you currently the subject of any investigation, or fitness to practise proceeding by any licensing or regulatory body in the United Kingdom or any other country? \* | Yes [ ]   | No [ ]  |
| **9** | Are you subject to any other prohibition, limitation or restriction that means we are unable to consider you for the post to which you are applying? \* | Yes [ ]  | No [ ]  |
| **10** | Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question? \* | Yes [ ]  | No [ ]  |

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| **DECLARATION**I hereby declare that the information given here is true. I further declare that should the situation change with regard to police investigations, criminal convictions or fitness to practise while applying for/ appointed to the post under the Sponsorship Scheme, I will provide full details within 5 working days to RCPath. |
| Signed: Signed. | Date: Click here to enter a date. |
| Name (please print): Name (please print). |

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| **Section G: References** |
| Reference reports are not used for scoring purposes during shortlisting or interview but will be reviewed during the selection process and again prior to confirmation of appointment for successful applicants. The reference process is designed to check the accuracy of your previous employment and training history and to provide assurance of your qualifications, integrity and track record and will be used to support your application for registration.**You must provide contact details, including e-mail addresses, of three referees who have supervised your pathology and the dates you worked with them. At least one referee must be your current or most recent educational supervisor familiar with your clinical development.** Your clinical referees should be contacted by you in advance to confirm that they are willing to provide a reference and are available and able to do so in the time period required for selection and appointment. Please ensure these details are correct as you will be unable to begin in post until references are supplied and checked. It is very important that these details are up-to-date.  |

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| **Referee 1 (must be your present or most recent supervising Educational Supervisor)** |
| **Name of Consultant or Supervisor\*** | Name of Consultant or Supervisor. |
| **Job Title of Consultant or Supervisor \*** | Job Title of Consultant or Supervisor. |
| **What was their role in relation to you (e.g. consultant)?\*** | What was their role in relation to you? |
| **Your specialty at time in post \*** | Your specialty at time in post. |
| **Your job title at time in post\*** | Your job title at time in post. |
| **Referee contact e-mail address\*** | Referee contact e-mail address. |
| **Name and full address of the hospital\*** | Address. |
| **Start date (dd/mm/yyyy) of this post \*** | Click here to enter a start date. |
| **End date (dd/mm/yyyy) of this post \*** | Click here to enter an end date. |

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| **Referee 2**  |
| **Name of Consultant or Supervisor\*** | Name of Consultant or Supervisor. |
| **Job Title of Consultant or Supervisor \*** | Job Title of Consultant or Supervisor. |
| **What was their role in relation to you (e.g. consultant)?\*** | What was their role in relation to you? |
| **Your specialty at time in post \*** | Your specialty at time in post. |
| **Your job title at time in post\*** | Your job title at time in post. |
| **Referee contact e-mail address\*** | Referee contact e-mail address. |
| **Name and full address of the hospital\*** | Address. |
| **Start date (dd/mm/yyyy) of this post \*** | Click here to enter a start date. |
| **End date (dd/mm/yyyy) of this post \*** | Click here to enter an end date. |

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| **Referee 3**  |
| **Name of Consultant or Supervisor\*** | Name of Consultant Supervisor. |
| **Job Title of Consultant or Supervisor \*** | Job Title of Consultant or Supervisor. |
| **What was their role in relation to you (e.g. consultant)?\*** | What was their role in relation to you? |
| **Your specialty at time in post \*** | Your specialty at time in post. |
| **Your job title at time in post\*** | Your job title at time in post. |
| **Referee contact e-mail address\*** | Referee contact e-mail address. |
| **Name and full address of the hospital\*** | Address. |
| **Start date (dd/mm/yyyy) of this post \*** | Click here to enter a start date. |
| **End date (dd/mm/yyyy) of this post \*** | Click here to enter an end date. |

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| **Section H: Professional qualifications****#** |

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| **Primary Medical Qualification** |
| **Qualification Type (e.g. MBBS, MBChB etc.)** | Qualification Type. | **Date of Qualification (dd/mm/yy)** | Click here to enter date of qualification. |
| **Medical School/University** | Medical School/University. | **Country** | Country. |
| **Is your medical qualification accepted by the GMC?** |  [ ]  No[ ]  |
| Information on acceptable primary medical qualifications can be found at <http://www.gmc-uk.org/doctors/registration_applications/acceptable_primary_medical_qualification.asp> |

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| **Other degrees done *as part of* the medical course (eg BSc, MD). State class of degree awarded** |
| **Degree** | **Awarding Body and Country** | **Date of Qualification (dd/mm/yy)** |
| Degree 1. | Awarding Body and Country 1. | Date of qualification 1. |
| Degree 2. | Awarding Body and Country 2. | Date of qualification 2. |
| Degree 3. | Awarding Body and Country 3. | Date of qualification 3. |
| **Please enter the title of any dissertations carried out as part of such degrees:** |
| Title of dissertation. |
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| **Postgraduate Qualifications**Please enter in ascending order (giving earliest qualification first)**IMPORTANT:** Please also provide details of any examinations attempted and failed without a subsequent pass being achieved. Use separate page if necessary.  |
| **Qualification/Degree/Specialty** | **Awarding Body and Country** | **Date of Qualification (dd/mm/yy)** |
| Qualification/Degree 1. | Awarding Body & Country 1. | Date of qualification 1. |
| Qualification/Degree 2. | Awarding Body & Country 2. | Date of qualification 2. |
| Qualification/Degree 3. | Awarding Body & Country 3. | Date of qualification 3. |
| **FRCPath**  |
| **FRCPath Part I** | **Date passed (dd/mm/yy)** | FRCPath Part I pass date. |
| **FRCPath Part II** | **Date passed (dd/mm/yy)** | FRCPath Part II pass date. |

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| **Section I: Employment History** |

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| **Current Post**  |
| **Name and address of the hospital** | Hospital. | **Substantive****or Locum** | Substantive or Locum. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty** | Specialty. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post. |
| **Name of Supervising Consultant/ Head of Department/ Educational Supervisor** |  |

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| **Previous posts** Please list your previous posts (whether in paediatrics or not) starting with the most recent. You are required to provide a full employment history from your internship to the present day. Should you need more space for your previous posts, please continue using this format on additional paper.  |
| **Post 1** |
| **Hospital** | Hospital 1. | **Substantive****or Locum** | Substantive or Locum 1. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 1. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 1. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post. |

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| **Post 2** |
| **Hospital** | Hospital 2. | **Substantive****or Locum** | Substantive or Locum 2. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 2. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 2. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post. |
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| **Post 3** |
| **Hospital** | Hospital 3. | **Substantive****or Locum** | Substantive or Locum 3. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 3. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 3. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post |
| **Post 4** |
| **Hospital** | Hospital 4. | **Substantive****or Locum** | Substantive or Locum 4. |
| **Job Title an Grade**Please use your actual title, not any UK titles such as StR. | Job Title 4. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 4 | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post. |
| **Post 5** |
| **Hospital** | Hospital 5. | **Substantive****or Locum** | Substantive or Locum 5. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 5 | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 5. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post. |

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| **Post 6** |
| **Hospital** | Hospital 6. | **Substantive****or Locum** | Substantive or Locum 6. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 6. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 6. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post 6. |
| **Post 7** |
| **Hospital** | Hospital 7. | **Substantive****or Locum** | Substantive or Locum 7 |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 7. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 7. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post. |
| **Post 8** |
| **Hospital** | Hospital 8. | **Substantive****or Locum** | Substantive or Locum 8. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 8 | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 8. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post. |
| **Post 9** |
| **Hospital** | Hospital 9 | **Substantive****or Locum** | Substantive or Locum 9. |
| **Job Title and Grade**Please use your actual title, not any UK titles such as StR. | Job Title 9. | **From(dd/mm/yy)** | Click here to enter a date. |
| **Specialty**  | Specialty 9. | **To****(dd/mm/yy)** | Click here to enter a date. |
| **Approved for training** **(yes or no)** | Yes [ ]  No [ ]  | **Months in post****(w.t.e)** | Months in post 9. |
| **Internship**Please provide us with the details of your internship.  |
| **Name of the hospital**  | Click here to enter text. |
| **From** **(dd/mm/yy)** | Click here to enter a date. | **To****(dd/mm/yy)** | Click here to enter a date. |

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| **Employment Gaps** |
| Do you have any gaps in your employment history of more than 4 weeks duration? | Yes [ ]  No [ ]  |
| If Yes, please explain the gap and give relevant dates (max. 150 words) |
| Click here to enter text. |

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| **Section J: Supporting information** |

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| **Intention for sponsorship**Please tick the box (es) that describe how you will be using your sponsorship should your application be successful.  |
| I wish to apply for entry to UK Specialty Training leading to the award of the Certificate of Completion of Training (CCT). |[ ]
| I wish to apply for training in the UK, but will no longer be applying for UK Specialty Training leading to entry to the Specialist Register.  |[ ]
| I am government funded doctor and I am seeking an honorary post. |[ ]

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| **Aims and objectives**Please state your aims and objectives for training in the United Kingdom |
| Click here to enter text. |
| **Management**Describe any leadership, administrative and managerial contributions you have made in your professional life i.e. undergraduate or postgraduate. Please do not include educational/teaching experience in this section; this information should go into the teaching section. (Max 200 words) |
| Click here to enter text. |
| **Academic Achievements**Outline up to 3 areas of research in which you have been directly involved in. What were the key findings? What was your part in the activity and at what level did your research achieve recognition? Do not include publications or presentations in this section (see below). If you have been awarded a higher degree as a result of research please detail this in the qualifications section. (Max 200 words) |
| Click here to enter text. |
| **Publications**Provide details of Publications in peer reviewed journals with full citations and PubMed number (excluding your own name) and any other publications (books, letters, abstracts, electronic). Please also state authorship (e.g. first author, co-author etc). Although you may list for interest publications that have been submitted, please note that only published articles will receive points at shortlisting. |
| Click here to enter text. |
| **Presentations/Posters**In this section please provide details of presentations/ posters at conferences, congresses or other local/national/international meetings, including author details. Please detail a maximum of 5 presentations/posters you have given locally followed by maximum of 5 presentations/posters made at a higher level. |
| Click here to enter text. |
| **Teaching**Describe your experience of teaching / education delivery and different teaching methods. Detail any contributions to the design and leadership of teaching you have been involved with. Include here if you have had any formal training in teaching, examples may include ‘teach the teacher’s’, Generic Instructor Course (GIC), diploma, certificate, MA, PhD in education. You should have listed if you have achieved a formal qualification in the qualifications section of the application form but if you hold a specific educational qualification please also include it here. (Max 200 words) |
| Click here to enter text. |

**Documents to support your application.**

In addition to completing this application form, you are required to provide the following documents to support your application. For the purposes of processing your application electronically please provide scanned copies of the following documents.

You will also be required to provide hard copy attested versions of this documentation by post. Failure to provide this information may result in your application being rejected.

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| **Document** | **Attached?** |
| **1** | **Copy of your Passport** | Yes [ ]  No [ ]  |
| **2** | **Primary Medical Qualification** (e.g. MBBS) certificate for primary medical degree and copies of other awards | Yes [ ]  No [ ]  |
| **3** | **Pre-registration verification of Primary Medical Qualification.** From 11 June 2018 you have to have your qualifications verified by the [Educational Commision for Foreign Medical Graduates](https://www.ecfmg.org/). Please visit the GMC website for detailed information on the process: <https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/changes-to-the-application-process-for-international-medical-graduates> | Yes [ ]  No [ ]  |
| **3** | **Certificate of completion of internship** **OR** a letter of experience from relevant hospital/University (this must confirm attendance dates, any specialties undertaken and that conduct was satisfactory, and be translated if necessary) | Yes [ ]  No [ ]  |
| **4** | **Letters confirming training** (i.e. evidence from the hospital(s) to confirm training undertaken in that/those hospital(s) and was undertaken in approved posts) | Yes [ ]  No [ ]  |
| **5** | **Certificate of completion of the FRCPath Part I exam (if applicable)** | Yes [ ]  No [ ]  |
| **6** | **An up-to-date CV using College template** | Yes [ ]  No [ ]  |
| **7** | **British Council Academic IELTS** (International English Language Testing System) **test** ORmedicine version of the **OET (Occupational English Test).** **International English Language Testing System (IELTS)**The doctor must have achieved a score of at least **7.0 in all four areas** (listening, reading, writing and speaking modules) and an **overall score of at least 7.5.** The certificate is valid for no more than two years, and must be in date at the point of registration with the GMC.**Occupational English Test (OET)**You need to have taken the **medicine version** of the test with **at least grade ‘B’** in **each testing area** (speaking, listening, reading and writing). The grades should been obtained in the same test. The test is valid for 2 years. The certificate must have candidate’s number. | Yes [ ]  No [ ]  |
| **8** | **Evidence of government funding:** if applicable | Yes [ ]  No [ ]  |
| **9** | **Ethnic monitoring form (optional)** | Yes [ ]  No [ ]  |
| **10** | **Letter from UK hospital confirming offer of post- should include title of post and start/end dates (if applicable)\_** |  |
| **11** | **Copy of full job description of post offered (if applicable)** |  |

**Payment**

Once we have received your application, you will be asked to pay a non-refundable fee of **£210** sterling. Unfortunately, we are unable to begin processing your application until this is received.

You will receive an email with the instructions on how to complete the payment once the application has been received. This may take up to 7 working days from the date of receipt of your application.

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| Confirmation |
| I confirm that I meet the essential entry criteria as set out in the document check list Yes [ ]  No [ ]  |
| Declarations |
| The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Data Protection Act 1998 defines "sensitive personal data" as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offenses, criminal convictions, criminal proceedings, disposal or sentence. The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for the purposes of enquiries in relation to the prevention and detection of fraud. Once a decision has been made concerning your appointment, The Royal College of Pathology will not retain this information for any longer than is necessary (see further details in "Guidance for Applicants"). This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the College, deaneries and trusts who are authorised to view it as part of their work. **Declaration 1**: I declare that the information I have given in support of my application, including information supplied on this form and any attached appendices, is, to the best of my knowledge and belief true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, particularly on criminal convictions and/or fitness to practise and/or have breached the [confidentiality guidance (2009)](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp) stipulated by the General Medical Council, my application may be disqualified or, if I have already been appointed, I may be dismissed and that I may be reported to the General Medical Council. **Declaration 2**: I declare that my answers to the questions on this form, any attached appendices and any other application forms required by individual deaneries are my own work and are not copied or reproduced from any other sources. I understand that if any of my answers are discovered not to be original, my application may be disqualified. **Declaration 3**: I understand that information about my application including personal data will be recorded and processed on computer in order to progress and monitor appointments as well as the production of recruitment statistics. The Royal College of Pathology shares information with organisations involved in the planning, management and delivery of the Sponsorship Scheme including Local Education and Training Boards, Deaneries, Trusts, the Department of Health, the Academy of Medical Royal Colleges and other associated organisations. The Royal College of Pathology commissions and undertakes a programme of research aimed at developing and improving the processes used for selection into the Sponsorship scheme. Anonymised recruitment data from all candidates is used in our research and quality assurance programmes. Under no circumstances will those undertaking such work be able to access candidate identifiable data, without contacting current and past applicants in advance for their permission to do so. I consent to the recording and processing of personal data in this way in accordance with the Data Protection Act 1998 and as outlined above. I have read and understand the [Fair Privacy Notice](https://paediatrictrainingopportunities.rcpch.ac.uk/Documents/Fair%2BPrivacy%2BNotice%2B.pdf) and understand that my Personal and Sensitive Personal Data will be processed in the manner set out in this Notice. **Declaration 4**: I am aware of the GMC Good Medical Practice (paragraph 49) which states that if a post is formally accepted then I must not withdraw unless the employer has time to make other arrangements. I understand that failure to comply with this requirement may result in a complaint to the GMC. **Declaration 5**: Having been allocated to an Sponsorship Scheme post any subsequent contract of employment will be subject to satisfactory pre-employment checks and subject to the information provided on the application form or any related documents being correct. Pre-employment checks will be carried out to review and confirm the details of my application. **Declaration 6**: I hereby enclose all applicable documentation in the checklist above.**Declaration 7:** I understand that The Royal College of Pathologists will seek references to support my application and that the CV I provide will be sent to my referees.**Declaration 8:** I understand that sponsorship for restricted exemption from PLAB is offered at the discretion of the College and that final approval for registration rests with the GMC.**Declaration 9** I understand that I will be asked to provide Certificates of Good Standing in line with the College guidance provided (see https://www.rcpath.org/international/international-medical-science-graduates/obtaining-registration-with-the-gmc.html at the time of application to the GMC for registration.**Declaration 10:** I understand the principles of Good Medical Practice and have regard to them in the way they select doctors. These are the standards which patients have a right to expect of their doctors.**Declaration 11:** I understand that to work in the UK I will need an appropriate work permit, unless I am eligible to work in the UK by some other means, and that it is my responsibility to obtain such a work permit or visa. I am aware that sponsorship does not alter my immigration or work permit  |
| **Signature** | Enter text. |
| **Full Name** | Enter your full name. | **Date** | Select a date. |

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| **Additional Page** |
| Please use the space below to provide additional information in support of your application.  |
| Click here to enter text. |