

**Application form for completion by potential new examiners**

Please complete this form and email it to: examiners@rcpath.org

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| I wish to apply for (please select whichever role is most appropriate. Please note you do not need to be an Examiner before becoming a Senior Examiner): Choose an item.For Examiner/Senior Examiner onlyI am employed in a substantive post at: Date post started:  |

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| Surname: | Forenames: |
| Specialty:  |
| College Membership Number\*:Membership grade of the Royal College of Pathologists\*: Choose an item. Date obtained: \*If not a Member of the Royal College of Pathologists, please indicate your professional membership body (e.g., RCP, IBMS), membership grade and date awarded: |
| I wish to serve on the Examiner Panel(s) in: Choose an item.  and Choose an item. (optional second panel) If one of the following specialties, please indicate your preferred sub-panel:Haematology: Choose an item.Veterinary Pathology: Choose an item.Histopathology only: I would also like to be involved in the following sub-panels (check box)Autopsy (CHAT) [ ] Cervical Cytopathology (CHCCT) [ ]  |

**Please complete/tick all relevant statements**

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| I am active in clinical practice at:ORI am active in research at: |
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| I am participating in the College’s CPD scheme [ ]  ORI am participating in an alternative CPD scheme [ ]  *Please specify:*I am currently paying College Membership fees [ ]  |

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| I am currently participating in an EQA scheme [ ] *Please give details:* |

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| I am working in a UKAS registered or accredited laboratory [ ] *Please give details:* |

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| I am actively involved in training and educational supervision [ ] *Please give details:* |

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| I am prepared to assess submissions of published work,  dissertations, and casebooks [ ] *If yes, please give details of areas of special interest:* |
| I have been involved with undergraduate and/or  postgraduate medical examinations [ ]  *If yes, please give details of qualification(s) and role(s):* |

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| **I declare that*** I will be available to examine at least three times during the five-year term
* I will undertake training in the examination process
* I am prepared to have my examining practice observed
* I am not currently subject to any investigations related to my professional performance or probity

**Signature:****Date:** |