



RCSI

RCSI FELLOWSHIP AD EUNDEM FORM A: APPLICATION FORM

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

Proposal for Fellowship of the Royal College of Surgeons in Ireland (to be completed in type-print by applicant)

Fellowship is a demonstration of commitment to the College and an acknowledgement of an individual's contribution to the surgical profession, its standards and practice. Fellowship Ad Eundem of the College is offered to surgeons who, in the opinion of the College, have reached a standard of professional qualification and professional practice equivalent to that required for the Fellowship by examination of RCSI. It is a privilege earned through hard work and a commitment to excellence.

PERSONAL DETAILS

Title: _____ Date of Birth: _____

First Names: _____

Last Names: _____

Gender: Male Female

Nationality: _____ IMC number (if held): _____

CONTACT DETAILS

Home Address: _____

Home Email address: _____ Home Phone number: _____

Work Address: _____

Work Email address: _____ Work Phone number: _____

Preferred place of contact: Home Work

QUALIFICATIONS

Primary Qualification: _____ Date Awarded: _____

Name of awarding institution/College: _____ Country: _____

Higher Surgical examinations/qualification(s) (please list): _____ Date awarded: _____

Fellowship of any other Colleges (please list): _____ Date of admission: _____

CURRENT EMPLOYMENT

Place of Employment:

Job Title:

Specialty:

Date Appointed:

Full-time Part-time

Description of Role:

PAST EMPLOYMENT

Place of Employment:

Job Title:

Specialty:

Date Appointed:

Full-time Part-time

Description of Role:

PERSONAL STATEMENT

Briefly outline your reason for wishing to become a Fellow of the RCSI.

State what activities (if any) you have already undertaken on behalf of the RCSI and state what activities would be undertaken on behalf of the RCSI if this nomination is successful.

DECLARATION

Are you aware of any disciplinary or other issue which may affect registration by the Irish Medical Council (or equivalent body in the country where you work or have worked) (please tick appropriate)

Yes No

Signature: _____ Date: _____

I have attached my CV