



RCSI

RCSI FELLOWSHIP AD EUNDEM FORM B: STATEMENT OF SUPPORT

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

TWO COPIES OF THIS SPONSORSHIP FORM, EACH TO BE COMPLETED INDEPENDENTLY BY A FELLOW OF THE RCSI IN GOOD STANDING, PERSONALLY KNOWN BY THE APPLICANT.

APPLICANT NAME

SPONSOR DETAILS

Name of Sponsor:

RCSI Fellowship Number:

Contact Address:

Email Address:

Please provide details of your current/recent employment at the level of Consultant Surgeon, or equivalent position.

Please explain how you have gained recent personal knowledge of the applicant's clinical and surgical practice at the level of consultant surgeon in Ireland over a period of at least 12 months.

Statement of reasons for support for candidate to become a Fellow of RCSI (Please attach additional sheet if necessary).

Are you aware of any disciplinary or other issues which may affect registration by the Irish Medical Council (or equivalent body in the country where the applicant works or has worked)? (please tick appropriate box) Yes No

I certify that I have close knowledge over a period of at least 12 months of the applicant's clinical and surgical skills and accordingly have complete confidence that the candidate is consistently working at a level equivalent to a consultant surgeon in Ireland and recommend him/her for Fellowship Ad Eundem of the Royal College of Surgeons in Ireland.

Signature: _____ Date: _____