**Faculty of Perioperative Care Application**

|  |  |
| --- | --- |
| **AFFILIATE** | **MEMBER** |
| Please submit:   * Application form * Short CV * Letter/email of support from Employer | Please submit:   * Application form – **please complete all parts in the Professional Experience Section** * Short CV * Letter/email of support from Employer |
|  |  |

|  |  |
| --- | --- |
| **PERSONAL DETAILS**  **Title:**  **First name(s):**  **Last Name:**  **Date of Birth:**  **College Reference Number:**  To obtain a College Reference Number, please go to [www.rcsed.ac.uk](https://eur03.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.rcsed.ac.uk&data=01%7C01%7Cbill.sharpling%40kcl.ac.uk%7C2e9deada5fe34c2ff42b08d76e7953c4%7C8370cf1416f34c16b83c724071654356%7C0&sdata=6If34BUNef0ytCgaK%2BBz%2FtZFgcOU0nHfGvjivfSPoes%3D&reserved=0) and click on Register at the top to create a RCSEd online account. Once you have done this, you will find your Reference Number on the My Profile tab. | **Correspondence Address:**  **Postcode:**  **Email address:**  **Contact phone number:**  **Gender:** |

|  |  |
| --- | --- |
| **QUALIFICATIONS**  **Basic university qualification**:  **Year gained:** | **University or educational institution:**  **Country:** |

|  |
| --- |
| **TRAINEE Yes / No**  **If yes, name of educational institution:** |

|  |
| --- |
| **REGULATORY AUTHORITY AND PROFESSIONAL MEMBERSHIP**  **Name:**  **Registration Number:**  **AfPP Number:** |

|  |
| --- |
| **PRESENT APPOINTMENT**  **Job Title and Specialty:**  **Name of Hospital/Educational Establishment:**  **Address:**  **Postcode:**  **Deanery:**  Where did you hear about the Faculty of Perioperative Care? |

|  |  |
| --- | --- |
| **PROFESSIONAL EXPERIENCE** | (**ONLY** complete if applying for Member status. See Guidance for Applicants document for further information) |
| **KNOWLEDGE** |  |
| **TECHNICAL SKILLS** |  |
| **NON-TECHNICAL SKILLS** |  |
| **LEADERSHIP/**  **DEVELOPMENT** |  |
| **RESEARCH/AUDIT** |  |

I certify that this information is, to the best of my knowledge, correct, that I am not under any disciplinary investigation and that I am in good standing with my regulatory authority.

**Signature:**

**(NOT TYPED)**

**Date:**

Send the completed application form with the required documentation (see Guidance for Applicants at <https://fpc.rcsed.ac.uk/join-the-faculty> ) by email to [fpc@rcsed.ac.uk](mailto:fpc@rcsed.ac.uk)

Further information: If you have any queries about the process please contact the Faculty of Perioperative Care

Email: [fpc@rcsed.ac.uk](mailto:fpc@rcsed.ac.uk)

Website: <https://fpc.rcsed.ac.uk/>

Telephone: +44 (0)131 527 1555

The Faculty of Perioperative Care

Royal College of Surgeons of Edinburgh

Nicholson Street

Edinburgh

EH8 9DW

By submitting this application, you understand that RCSEd will process your personal data in accordance with the terms of the General Data Protection Regulation (GDPR). We will not share your data with any third party unless there is a statutory requirement for us to do so or unless we require to do so to deliver our services. Such sharing will only be undertaken where the appropriate Data Processing Agreements are in place and for tightly controlled purposes. The College will retain your data for the periods of time described in our privacy statement. Further details may be found on our website at <https://www.rcsed.ac.uk/privacy>.