**RCOphth Learning Management System**

**Programme Editors**

**Trainee & Practitioner Co-Editors**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Form**

Closing date: **9am Monday 2nd August 2021**

E-mail this application form to: **education@rcophth.ac.uk**

|  |
| --- |
| **Personal Details** |
| Title |  |
| First Names |  |
| Surname |  |
| Qualifications |  |
| Contact telephone number |  |
| Email address |  |
| Main role (grade and profession) |  |
| Current Trust/Employer |  |
| Does your employer/supervisor support your application? |  |

|  |
| --- |
| **Please selectively list the key positions you have held, with dates, which have given you experience that will help you in this role**  *(use the “alt” key with a bullet and a tab)* |
| • • •  |

|  |
| --- |
| **Please describe why you think you are suitable for this role** (max 150 words) |
|  |

The positions with white boxes in the table below are currently available. Please rank (eg: 1 = first choice, 5 = 5th choice) the Programmes for which you would like to apply:

• Programme Editors and Practitioner Co-Editors – a **maximum of 2** programmes

• Trainee Co-Editors – a **maximum of 5** programmes

|  |  |
| --- | --- |
| Please insert an X in the box **if you would like to be contacted** if you are not selected for one of your choices, but other positions remain vacant: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **AREA** | **PROGRAMME** | **PROGRAMME****EDITOR** | **CO-EDITOR** |
| **Clinical Knowledge** | Cornea & Ocular Surface |  |  |
| Cataract |  |  |
| Glaucoma |  |  |
| Medical Retina |  |  |
| Vitreoretinal |  |  |
| Oculoplastics |  |  |
| Neuro-ophthalmology |  |  |
| Paediatric Ophthalmology |  |  |
| Emergency Ophthalmology |  |  |
| Global Ophthalmology |  |  |
| **Personal Development***Specific non-clinical skills required to develop in the current stage or grade* | Wellbeing and mentoring |  |  |
| Ophthalmic Practitioners (OPT) |  |  |
| Trainees (OST & OLT) |  |  |
| Staff grade and Associate Specialists (SAS) |  |  |
| New consultants |  |  |
| Established Ophthalmologists |  |  |
| **Professional Development***Development of skills relating to specific roles throughout one’s career* | **Clinician** (Clinical skills) |  |  |
| *OST & OLT (ophthalmology trainees)* |  |  |
| *OPT (ophthalmic practitioners)* |  |  |
| *Undergraduate & Foundation doctors* |  |  |
| *GPs and other specialties* |  |  |
| *Surgical skills and Simulation* |  |  |
| Trainer (Training the Trainers – TTT) |  |  |
| Researcher |  |  |
| Manager |  |  |
| Leader |  |  |

Please double click box to confirm:

|  |
| --- |
| **Cautions, criminal convictions and other statements** |
| Have you at any time had (or do you have pending) any criminal convictions? | Yes [ ] [ ]  No [ ] [ ]  |
| Have you at any time had (or do you have pending) any investigations, suspensions, limitations or removal of medical registration in any country? | Yes [ ] [ ]  No [ ] [ ]  |
| Have you ever been refused or are there any reasons why a certificate of good standing might be refused in any country where you have worked? | Yes [ ] [ ]  No [ ] [ ]  |
| Do you have any health problem likely to adversely affect your professional work? | Yes [ ] [ ]  No [ ] [ ]  |
| Are you aware of any matters that may affect your good standing as a member of your professional body? | Yes [ ] [ ]  No [ ] [ ]  |
| If you have answered ‘Yes’ to any of the above questions please give an explanation below. |  |
| I confirm that I have complied with my employer’s requirements for annual appraisal /performance review. | Yes [ ] [ ]  No [ ] [ ]  |
| I confirm that I am complying with the requirements of my professional body for CPD / CET or ARCP. | Yes [ ] [ ]  No [ ] [ ]  |
| I confirm that I am registered with the General Medical Council UK or appropriate body for Professional Registration, and I am up to date with my revalidation and/or licencing. | Yes [ ] [ ]  No [ ] [ ]  |
| **To be completed by the applicant**  |

|  |  |
| --- | --- |
| Signature (electronic signature accepted) |  |
| Date |    /    /     DD MM YYYY |

Closing date: **9am Monday 2nd August 2021**

E-mail this application form to: **education@rcophth.ac.uk**