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| Please complete this form ELECTRONICALLY or in BLOCK CAPITALS |

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| Full Name  *(Please enter your full name in the correct order it should appear on official documents).* |  |
| Address for correspondence |  |
| Contact telephone number |  |
| Fax number |  |
| Email address |  |
| Date of birth | /     /  DD MM YYYY |
| Qualifications |  |
| Nationality |  |

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| UK Sponsor |

|  |  |
| --- | --- |
| Full Name |  |
| Hospital address in full |  |
| Contact telephone number |  |
| Mobile number |  |
| Fax number |  |
| Email address |  |

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| OVERSEAS Sponsor |

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| --- | --- |
| Full Name |  |
| Hospital address in full |  |
| Contact telephone number |  |
| Fax number |  |
| Email address (professional email address only, i.e. not Hotmail, gmail etc) |  |

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| OVERSEAS Referee one |

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| --- | --- |
| Full Name |  |
| Hospital address in full |  |
| Contact telephone number |  |
| Fax number |  |
| Email address (professional email address only, i.e. not Hotmail, gmail etc) |  |

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| OVERSEAS Referee two |

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| --- | --- |
| Full Name |  |
| Hospital address in full |  |
| Contact telephone number |  |
| Fax number |  |
| Email address (professional email address only, i.e. not Hotmail, gmail etc) |  |

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| Current Post *(Must not be attachment/observership post)* Please indicate as appropriate: |

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| I am currently undertaking a period of clinical attachment in the UK |  |
| I am not currently undertaking a period of clinical attachment in the UK |  |
| Please confirm your current post |  |
| Please list your Primary Medical Qualification |  |

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| Previous Posts: Please list dates and hospitals of previous posts (list the clinical practice that you have been involved in), (You can continue on a separate sheet if necessary). | |
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| Proposed Post |
| Please indicate the proposed training post that you will be undertaking in your UK sponsor’s hospital. This is for information purposes at this stage, and is open to amendment with the agreement of the Chairman of the International Medical Graduates Training Sub-committee if necessary. |
|  |
| Please indicate the proposed start date of the training post. This is for information purposes at this stage and is open to amendment with the agreement of the Chairman of the International Medical Graduates Training Sub-committee. |
|  |
| Proposed Route. Please indicate as appropriate: |

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| Please indicate the proposed route to sponsorship that wish to use to apply to the Dual Sponsorship Scheme (refer to the Dual Sponsorship Scheme Booklet). Please circle or highlight as appropriate: | |
| Route A |  |
| Route B |  |
| Route C |  |
| Route D |  |

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| Please include and attach the following with this application: |

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| A letter outlining your reasons for wishing to come to the UK to train. |  |
| A brief outline of your future career plan. |  |
| An up to date copy of your curriculum vitae that is verified by your overseas sponsor (please include details of a surgical log of cases you have operated on). |  |
| A copy of the job description and timetable for the training post you have been offered in the UK.  The job description must include a list of *training objectives* e.g. to significantly improve the trainees ability to perform penetrating glaucoma surgery.    The *supervisors* must be clearly labelled against the clinical sessions. |  |

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| International English Language Testing System (IELTS)/ or Occupational English Test (OET) | |
| Please tick to confirm that you have taken the IELTS examination and have obtained a minimum score of 7 in all areas including a minimum overall score of 7.5. |  |
| If you have not yet taken the IELTS examination please tick to confirm that you intend to sit the examination and understand the minimum score requirements. |  |
| If you do not have the IELTS the College accepts the OET (Occupational English Test)  medicine version of the test  grade ‘B’ in each testing area (speaking, listening, reading and writing)  grades in the same test  candidate number  obtained the grades in most recent sitting of the test |  |

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| ROUTE B ONLY – Secondary UK Sponsor |

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| Full Name |  |
| Hospital address in full |  |
| Contact telephone number |  |
| Fax number |  |
| Email address |  |

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| The full fee will be taken upon opening the application. Please note if you withdraw your application only 50% of the fee will be refunded. FOR SECURITY REASONS PLEASE DO NOT SEND PAYMENT DETAILS BY EMAIL. PLEASE RING 0207 935 0702. |
| ***I wish to pay by credit card, please debit the amount of £……………….. to the credit card details given below***  Credit Cards (Please tick appropriate card)  Mastercard  Visa  Switch  £  Card No:      Security Code (last 3 numbers on signature strip):  Valid From Date:       Expiry Date:       Switch Issue Number:  Name on Card:  Cardholder’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date D D / M M / Y Y  OR  *I wish to pay by credit card, please debit the amount of £……………….. by bank transfer to the College ( details will be sent out if this option is chosen)* |

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| Please see the table below for information on the fees. It is important that you select the correct category. If you require further information on what Tier you should apply for please contact the Medical Staffing Department of the Trust. |
| The fees below will apply for applications received from the 1 January 2017.   |  |  |  |  | | --- | --- | --- | --- | | County | Visa Route/Tier | Fee | Please select which category relates to you. | | Canada, USA, Australia and New Zealand | Tier 5 | £560.00 |  | | Other countries | Tier 5 | £395.00 |  | | Canada, USA, Australia and New Zealand | Other (e.g. Tier 2, Ancestry Visa, Spouse Visa, British National and Dependant Visa) | £670.00 |  | | Other countries | Other (e.g. Tier 2, Ancestry Visa, Spouse Visa, British National and Dependant Visa) | £500.00 |  | |

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| The GMC state that a doctor applying for an offer of sponsorship must have been engaged in *medical* practice for three out of the last five years *including the most recent twelve months*.  Clinical attachments/observerships are not counted as clinical practice and should not be taken as such. The doctor must have worked for the full 12 months preceding their application for registration with the GMC. |
| Please tick to confirm you meet the above requirement  and understand the terms and conditions.  Please state below that you will be able to remain in clinical practice until your Dual Sponsorship Scheme application is processed and a certificate of sponsorship issued which will allow you to apply for registration.  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………..  I can confirm I will inform the Royal College of Ophthalmologists of any changes made to the fellowship/alter in start dates/extensions/transfers etc throughout my whole fellowship time in the UK under the Dual Sponsorship Scheme.  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………..  I confirm I will only practice in the placements approved via the Royal College of Ophthalmologists during my time in the UK under the Dual Sponsorship Scheme  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………….. |

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| The fees below will apply for applications received from the 1 January 2020   |  |  |  |  | | --- | --- | --- | --- | | **County** | **Visa Route/Tier** | **Fee** | **Please select which category relates to you.** | | Canada, USA, Australia and New Zealand | Tier 5 | £610.00 |  | | Other countries | Tier 5 | £410.00 |  | | Canada, USA, Australia and New Zealand | Other (e.g. Tier 2, Ancestry Visa, Spouse Visa, British National and Dependant Visa) | £720.00 |  | | Other countries | Other (e.g. Tier 2, Ancestry Visa, Spouse Visa, British National and Dependant Visa) | £550.00 |  | |

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| I have not previously taken the PLAB Test run by the General Medical Council. | |  |
| I am not related to either of my sponsors or my referees. | |  |
| **Applicant Signature:** |  | /    /  DD MM YYYY |
| **Print name** |  |  |
| **UK Sponsors Signature:** |  | /    /  DD MM YYYY |
| **Print name** |  |  |

Please return your completed form and payment method to:

Education and Training Department

The Royal College of Ophthalmologists

18 Stephenson Way

London

NW1 2HD

Tel: 00 44 (0) 20 7935 0702

Email: [IMG@rcophth.ac.uk](mailto:IMG@rcophth.ac.uk) Charity No: 299872