Faculty of Surgical Trainers Application

**Application category please enter YES**

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| **FELLOW** | **MEMBER** | **ASSOCIATE** |
| **REQUIRED DOCUMENTATION – See** [**Application Guide**](http://fst.rcsed.ac.uk/membership/application-criteria.aspx) **for further information** | | |
| * Completed application form * Educational C.V. * 2 structured references | * Completed application form * Educational C.V. | * Completed application form * Letter of Support |

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| --- | --- |
| Yes/No | Category (if applicable) |

**Are you a Fellow, Member or Affiliate of RCSEd?**

**Personal Details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | First name(s): | | Date of Birth: | | | |
| Gender: |  | | Last name: | |  | | | |
| **Correspondence Address**: | | | | | | | | |
| Address line 1 | |  | | | | | | |
| Address line 2 | |  | | | | | | |
| Address line 3 | |  | | | | | | |
| Postcode: | |  | | | | Country: | |  |
| Email address: | | (H) | | | | | (W) | |
| Telephone no.: | | (H) | | | | | (W) | |
| Job title: | |  | | **Complete as applicable** | | | | |
| Specialty and Grade:  Organisation (incl  Dept, if applicable): | |  | | GMC ref:  IMC ref: | | | | |
| **I certify that this information is, to the best of my belief, correct and that I am not under any disciplinary investigation.** | | | | | | | | | |
| Signed: *(please sign and scan to submit electronically or send by post)* | | | |  | | | | |
| Date: | | | |  | | | | |

**Send the completed application form with required documentation to** Faculty of Surgical Trainers, RCSEd, Nicolson Street, Edinburgh EH8 9DW alternatively send by email to [fst@rcsed.ac.uk](mailto:fst@rcsed.ac.uk)

**Further information:** If you have any queries about the process, please contact the Faculty of Surgical Trainers Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9DW.

Email: [fst@rcsed.ac.uk](mailto:fst@rcsed.ac.uk) Website: [www.rcsed.ac.uk/fst](http://www.rcsed.ac.uk/fst) Telephone: +44 (0)131 527 1664