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
* Summary of evidence form
 | * Completed application form
* Educational C.V.
* Summary of evidence form
 | * Completed application form
* Letter of Support
* Educational C.V.
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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 (inclDept, 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

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