

Royal College of Psychiatrists

Curriculum Vitae - Specialist Associate registration



Personal Information:

Please complete all sections of this form in full.

Name:

Date of Birth:

Home Address:

Town

County

Postcode

Country

Mobile no.

Email Address:

Medical Qualifications: (University or Medical School, Class, Honours etc).

Dates:

Current Appointment: (Include employer, position and start date).

Date:

Employment Experience: (Appointments held after qualification. This must include your position, name of employer and the dates of employment).

Dates:

Any other information: (for example - membership of other professional organisations).

Please sign below and email the completed form with the completed Citation Form to membership@rcpsych.ac.uk.

Signature:

(Please type)

Date:

Data Protection

The College's data protection policy can be found on the website via this link:

<https://www.rcpsych.ac.uk/about-us/legal/data-protection>

Tel: +44 (0)208 618 4100

Email: membership@rcpsych.ac.uk

Website: www.rcpsych.ac.uk