

**Application for the MRCPsych**

**CASC Panel**

**Prior to completing this application form, please ensure you have read the Recruitment Procedure including the eligibility criteria.**

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| **General** |
| **Surname** |       |
| **Forename** |       |
| **Date of Birth** |       |
| **Email Address** |       |
| **Correspondence Address** |       |
|  |
| **RCPsych Number** |       | **GMC Number** |       |
|  |
| **Membership Status** | [ ]  Member | [ ]  Fellow |
| **Registered for CPD?** | [ ]  Yes  | [ ]  No |
|  |
| **Degrees and Qualifications** |
|       |
|  |
| **Employment** |
| **Job Title** |       |
| **Present Employer** |       |
| **Employer Address** |       |
| **Date of Appointment** |       |
| **Sub-Specialty** |       |
| **Focus of clinical experience or particular interest** |
|       |
|  |
| **If present employment is less than 3 years, please enter previous employment details** |
| **Previous Job Title** |       |
| **Previous Employer** |       |
| **Employer Address** |       |
| **Dates of Appointment** | **From**       | **To**       |
| **Sub-Specialty** |       |

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| **Academic activities** (current training responsibilities including dates, number and level of trainees, etc) |
|       |
| **Teaching responsibilities and experience** |
|       |
| **Research** |
|       |
| **Publications and editorial work** (major work in the last 3 years) |
|       |
| **General Examination/WPBA activities** (e.g. syllabus development, mentoring) |
|       |

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| **Do you have any actual or pending professional proceedings?**  |
| [ ]  Yes  | [ ]  No  |
| If Yes please give details  |
|       |

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| **Question Writing Day** |
| Please indicate in advance if you are available to attend the CASC Question Writing Day on: |
| **Tuesday 7 May 2019** | [ ]  | Available | [ ]  | Not available |
|  |
| **Declaration** |
| I declare that to the best of my belief the information provided by me on this form is accurate.I understand that the information given in this form may be provided to members of the Examinations Sub-Committee of the Royal College of Psychiatrists, in strictest confidence, for the purpose of appointing to the CASC Panel.I consent to the College processing the information I have provided, by any means, and its use as described for the purpose of appointing to the CASC Panel. |
| **Signature (Type in Your name)** |       | **Date** |       |
|  |
| **Return by email to:**jmayne@rcpsych.ac.ukmarked FAO: Dr Catherine Keep, Chair, CASC Panel | Please do not post. **Electronic Submissions only** |