

**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** | | | | | | | |
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| **Employment** | | | | | | | |
| **Job Title** | |  | | | | | |
| **Present Employer** | |  | | | | | |
| **Employer Address** | |  | | | | | |
| **Date of Appointment** | |  | | | | | |
| **Sub-Specialty** | |  | | | | | |
| **Focus of clinical experience or particular interest** | | | | | | | |
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| **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) |
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| **Teaching responsibilities and experience** |
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| **Research** |
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| **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.uk](mailto:jmayne@rcpsych.ac.uk)  marked FAO: Dr Catherine Keep, Chair, CASC Panel | | | | Please do not post.  **Electronic Submissions only** | | | | |