

**Application for the MRCPsych**

**CASC Panel**

**Confidential Reference**

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

|  |  |
| --- | --- |
| **Confidential reference supplied on behalf of: (Applicants Name)** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference supplied by: (your details)** | | | | | |
| **Surname** |  | | | | |
| **Forename** |  | | | | |
| **Email Address** |  | | | | |
|  | | | | | |
| **RCPsych Number** |  | | **GMC Number** | |  |
| **Membership Status** | | **Member** | | **Fellow** | |

|  |  |
| --- | --- |
| **Employment** | |
| **Job Title** |  |
| **Present Employer** |  |
| **Employer Address** |  |
| **Date of Appointment** |  |

|  |  |
| --- | --- |
| **Please indicate the level of your support for the applicant being appointed to the CASC Panel of the College:** | |
| **Strong Support**  **Moderate Support**  **Little Support**  **No Support** | |
| **Please give your reasons:**  Reasons should focus on the applicants work, training, educational and examination related activities. | |
| **Are you aware of any actual or pending professional proceedings pertaining to the applicant?** | |
| Yes | No |
| If Yes please give details | |
|  | |

|  |
| --- |
| **Please indicate the capacity in which you are completing this reference:** |
| Member of the Education and Training Committee  Member of the Examinations Sub-Committee  Regional Adviser  Head of School of Psychiatry  Director of Medical Education  Chair of Divisions, Faculties and Sections of the College  Chair of a Regional Training Committee |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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  marked FAO: Dr Catherine Keep, Chair, CASC Panel | | Please do not post.  **Electronic Submission only** | | |