

**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**

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

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

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

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| **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  |
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| **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 |

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| **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** |       |
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| **Return by email to:**jmayne@rcpsych.ac.ukmarked FAO: Dr Catherine Keep, Chair, CASC Panel | Please do not post.**Electronic Submission only** |