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| To be completed by the applicant  (must be completed electronically, no handwritten forms will be accepted)  **Section A1**  **Eligibility Check List and Declaration**  **please check and confirm your meet the minimum eligibility criteria using the table below before starting Section A2** |  |

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|  | I hold a primary medical qualification (PMQ) recognised by the UK General Medical Council (GMC).  *For the GMC list of recognised qualifications, please visit the* [*GMC website*](http://www.gmc-uk.org/doctors/registration_applications/acceptable_primary_medical_qualification.asp)*.* |
|  | I acknowledge that, if I am successful in my application to join the KMPT International Fellowship Programme in Psychiatry scheme, I will need to seek verification of this primary medical qualification by the Education Commission for Foreign Medical Graduates (ECFMG) before the Trust can sponsor my registration to join the GMC medical register.  *For details of how to obtain verification of your primary medical qualification please visit the* [*GMC website*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/primary-source-verification-for-international-medical-graduates)*.* |
|  | Following undergraduate training, I completed an acceptable programme of practical training/internship (or equivalent) in Medicine of no less than 12 months.  *For the GMC requirements regarding acceptable internships, please visit the* [*GMC website.*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/application-guides/full-registration-for-international-medical-graduates/your-internship) |
|  | I have at least three years’ experience working in Psychiatry in the last five years, including the last 12 months. Should I be successful at interview, I will inform the Trust should my place of work or employment status change between then and the point at which I apply to join the GMC medical register. |
|  | I have achieved a minimum overall score of 7.5 in the International English Language Testing System (IELTS) academic test within the last 18 months, and at least 7.0 in each category. I have included the certificate **OR** I have achieved a B in every category of the medical version of the [Occupational English Test](https://www.occupationalenglishtest.org/) (OET) within the last 18 months. I have enclosed the relevant certificate. |
|  | I have obtained a postgraduate qualification (PGQ) in psychiatry, and evidence is included with my application. |
|  | I can confirm the examination leading to the PGQ included an assessment of clinical skills. Details of the postgraduate training programme leading to the qualification is included with my application |
|  | I can provide structured references from referees who have directly supervised me which cover all clinical experience during training to substantiate the quantity and quality of the training. One such reference/Letter of Support should be from the Head of the Department or Director of the Training Programme or equivalent |
|  | I can provide structured references covering the last three years that capture information about my clinical knowledge, skills and experience as well as my communications skills including professional attitudes, behaviours, interpersonal skills and working with others |
|  | I have not previously made any unsuccessful attempts to register with the GMC (e.g. PLAB test).  *Doctors who have failed (and not subsequently passed) either part 1 or part 2 of the PLAB test or who have previously been turned down for sponsorship by an approved sponsor are not generally considered as suitable candidates for sponsorship.*  *If unsure, please see* [*GMC website*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/application-guides/full-registration-for-doctors-with-sponsorship) *for clarification* |
|  | I will include a copy of my current CV/resume with my application |
|  | I will include a copy of my current valid Passport with my application, with all details clearly legible. I will submit any other photo identity documents as requested by the Trust if shortlisted for interview |
|  | I acknowledge that the Trust will retain my personal data in accordance with the relevant policies and if accepted for the Fellowship my employment with the Trust will be subject to meeting pre- employment and visa requirements  *It may be necessary to share personal data with UK-wide Regulatory or Public Authorities bodies linked to the profession of Psychiatry.*  *We will only do this where we have a statutory or regulatory requirement to do so (i.e. in relation to sponsoring GMC registration and/or arranging employment in the UK).* |

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| Applicant INFORMATION | |
| **Surname**  **(as shown in passport):** |  |
| **Given Name(s)**  **(as shown in passport):** |  |
| **Any other given name(s)** |  |
| **Date of Birth (dd/mm/yyyy)** |  |
| **Email address** |  |
| **Current Home Address** |  |
| **Telephone number (including country code)** |  |
| **Current Work Address** |  |
| **Passport Number** |  |
| **Passport Country of Issue and Date of Issue** |  |
| **Passport Expiry Date** |  |

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| **Duties of a doctor registered with the General Medical Council (GMC)** | |
| Practitioners must be aware of the duties of a doctor registered with the General Medical Council (GMC). The GMC’s Good Medical Practice can be found on the GMC website:: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice> | |
| I confirm that I have read and understood the duties of a doctor registered with the GMC and that I possess the skills competencies and understanding as detailed above. | Yes  No |

**Section A2**

**Qualifications, Competencies & Experience**

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| **Section A2.1 PRIMARY MEDICAL QUALIFICATION & OTHER BACHELOR’s DEGREES (IF ANY)**  **(scans of original certificates must be supplied)** | | |
| **Qualification** | **Medical School / Awarding Institution** | **Date awarded** |
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| **section A2.2 – internship**  Following undergraduate training, candidates are required to have completed an acceptable programme of practical training/internship (or equivalent) in **medicine** of no less than 12 months (please note, we require information regarding your training/internship in medicine, rather than just psychiatry).  *For GMC requirements regarding acceptable internships, please see the* [*GMC website*](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/application-guides/full-registration-for-international-medical-graduates/your-internship) | | | | |
| **Title / Role** | **Awarding Institution** | | **Institution address** | |
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| **Details of intern rotations** | | | | |
| **Specialty (medicine, surgery, general practice etc)** | | **Start Date** | | **End Date** |
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| **section A2.3 POSTGRADUATE experience & CAREER**  Candidates are required to have worked in psychiatry for 3 out of the last 5 years, including the last 12 months.  Please provide details of your experience in psychiatry in the table below – most recent experience first. Please list any breaks in your career as ‘Career Break’ in the first column and use second/third columns to furnish further details as appropriate | | | | |
| **Title / Role and sub specialty as relevant**  **(if part time, state number of hours per week)** | **Institution** | **Institution address** | **Start Date** | **End Date** |
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| **section A2.4 POSTGRADUATE QUALIFICATIONs**  **(scans of original certificates and details of the course/training programme must be supplied)** | | |
| **Qualification** | **Medical School / Awarding University/Institution details** | **Date awarded** |
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| **section:A2.5**  **Confirmation of Assessment of knowledge, skills and competencies during your postgraduate training in psychiatry**  ( Details of syllabus, training content and duration of the PGQ should be submitted with you application) | | |
| **Competency** | **How achieved?**  **(Please outline you relevant experience, reflections and supervision arrangements)** | **How was the competency assessed during your postgraduate training?**  **(Details of assessment method and evidence eg written/clinical examination, Workplace based assessment, patient/peer feedback etc)** |
| Knowledge of relevant Basic Sciences and Clinical Topics in Psychiatry |  |  |
| Ability to independently take a competent history and perform an examination on adult patients who present with a full range of psychiatric disorders (including subspecialties) |  |  |
| Ability to construct a formulation of patients with a full range of psychiatric disorders including sub-specialties and complex cases incorporating differential diagnosis and aetiology |  |  |
| Ability to construct a comprehensive treatment and plan addressing biological, psychological and socio-cultural domains |  |  |
| Ability to perform a competent risk assessment and construct a defensible risk management plan  and  be able to perform a competent assessment of a patient who may require intervention (against their wish) using relevant mental health or capacity legislation |  |  |
| Ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions |  |  |
| Ability to record appropriate aspects of clinical assessments and management plans properly showing good awareness of clinical/medico-legal implications of record keeping |  |  |
| Ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances |  |  |
| Ability to work effectively with colleagues, including team work |  |  |
| Commitment to CPD (Continuous professional Development) and ability to maintain a Personal Development Plan (PDP) |  |  |
| Evidence of being a ‘Reflective Practitioner’ |  |  |

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| **section A2.6 Please provide details of any prizes, honours or distinctions awarded during or after medical school** | | |
| **Prize/Award/Distinction** | **Awarding Body** | **Date Awarded** |
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| **section A2.7 Clinical Audit/Quality Improvement Activity**  What experience of clinical audit/quality improvement do you have? Please state clearly where and when this was undertaken and state specifically your role in each of the projects. |
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| **section A2.8 Research skills**  Please give brief details of all research projects, and/or relevant research experience that you have undertaken or are undertaking, including methods used. Indicate your level of involvement and your exact role in the research team detailing when this took place, your time commitment, your contribution/involvement and sources of funding. If you have been awarded a higher degree as a result of research, this must be detailed additionally in the qualification section above. If appropriate, detail your academic career plans. |
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| **Section A2.9 Presentations and Publications** | | |
| **Title** | **Venue/Description** | **Date** |
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| Publications in peer-reviewed journals:  (Please list references in a standard citation format) | | |
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| **section A2.10 Management**  Describe any leadership, administrative and managerial contributions you have made in your professional life (i.e. undergraduate and postgraduate). Please do not include educational/teaching experience in this section. This information should be included in the teaching section below. |
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| **section A2.11 Teaching**  What experience of teaching do you have? Please state clearly where and when, and at what level this was delivered. Please make reference to feedback received and your reflections |
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| **section A2.12 english language skills**  Candidates are required to provide evidence of their English language skills. The GMC accept the International English Language Testing System (IELTS) Academic Test with an overall score of at least 7.5, with at least 7.0 in every section **OR** a grade B in each testing area of the medicine version of the Occupational English Test (OET). These tests must have been taken within the last 18 months.  Please refer to [GMC website](https://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/evidence-of-your-knowledge-of-english) for latest guidance  Please provide details of your test scores below: | |
| **Certificate (i.e. specify IELTS or OET)** |  |
| **Overall Score (IELTS only)** |  |
| **Listening Score** |  |
| **Reading Score** |  |
| **Writing Score** |  |
| **Speaking Score** |  |
| **Date** |  |
| **Candidate Number** |  |
| **Centre / Venue Number** |  |

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| **section A2.13 GMC Registration status**  Doctors who have failed (and not subsequently passed) either part 1 or part 2 of the PLAB test or who have previously been turned down for sponsorship by an approved sponsor are not generally considered as suitable candidates for sponsorship. | |
| **Have you made any attempts to register with the GMC to date (e.g. PLAB test)?** | Yes  No |
| **Date of Registration/Exam/Test** |  |
| **Result** |  |

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| **references**  Candidates are required to include:   * At least three structured references (R1; R2; R3) * References should cover minimum of last three years * Training References(TR) should cover your PGQ period and to be provided by your supervisors * A letter of support from the Head of the Department/Director of the Training Programme/equivalent * A letter of support from your current employer   Please provide details of your referees below. *.* | | |
| **Letter of Support 1 –**  **Head of the Department/ Training Programme Director** | **Name of Signatory** |  |
| **Role** |  |
| **Address** |  |
| **Email** |  |
| **Phone number** |  |
| **Member/Fellow of RCPsych** | **Yes/No** |
|  | | |
| **Letter of Support 2 -Current Employer** | **Name of Signatory** |  |
| **Role** |  |
| **Institution** |  |
| **Email** |  |
| **Phone number** |  |
| **Member/Fellow of RCPsych** | **Yes/No** |
|  | | |
| **Referee 1** | **Name** |  |
| **Job Title** |  |
| **Place of work** |  |
| **Email** |  |
| **Phone number** |  |
| **Relationship (tutor, clinical director, colleague etc)** |  |
| **Member/Fellow of RCPsych** | **Yes/No** |
|  | | |
| **Referee 2** | **Name** |  |
| **Job Title** |  |
| **Place of work** |  |
| **Email** |  |
| **Phone number** |  |
| **Relationship (tutor, clinical director colleague etc)** |  |
| **Member/Fellow of RCPsych** | **Yes/No** |
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| **Referee 3** | **Name** |  |
| **Job Title** |  |
| **Place of work** |  |
| **Email** |  |
| **Phone number** |  |
| **Relationship (tutor, clinical director colleague etc)** |  |
| **Member/Fellow of RCPsych** | **Yes/No** |

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| **declaration** | |
| **I confirm that the information I have provided in this application is correct.** | |
| **Signature** |  |
| **Date** |  |

For 2024 the deadline for receiving applications is **on**  **­­­­----------------**.

Once completed please return this form, along with the supporting documents requested, to: