

## Joint Committee on Intercollegiate Examinations

### Application for Appointment to the Panel of Question Writers (Section 1)

[this form must be typewritten - handwritten forms cannot be accepted]

Intercollegiate Specialty Board in

*Affix  
Photo  
Here*

#### Personal Details

GMC Number:

Title:

Surname:

First names:

Known as:

DOB:

Email Address:

Home address:

Postcode:

Home telephone:

Home fax:

#### Present appointment

Post:

Date commenced:

Hospital:

Address:

Postcode:

Telephone no (direct):

Fax no:

Email Address:

Secretary's name:

Secretary's No:

#### Preferred Correspondence Address (Please Tick)

Home

Hospital

☐
☐

FRCSEd

FRCSEng

FRCSGlas

FRCSI

College Affiliation:

☐
☐
☐
☐

**Education**

Qualifications obtained (include degrees, diplomas, professional examinations)

Exam/Qualification	Year	Exam/Qualification	Year

**Previous Consultant/SAS/Senior Registrar appointments**

Hospital / Medical School	Position held	Dates	
		From	To

**Membership of other Examination Boards, responsibilities for Education and Training**

Professional Body	Subject	Dates	
		From	To

**General Experience**

Please give details of further experience that may be of relevance to the post of question writer

Please list below your three most recent publications

☐ I confirm that I have undergone an Equal Opportunities and Diversity Training Course.

Course attended:

Date Course attended:

☐ I understand that the procedure of appointment is by submission to the Leader of the Panel of Questions Writers and the relevant Intercollegiate Specialty Board. If appointed, I am prepared to serve on the Panel of Question Writers for a minimum of three years. I have read and understood the Criteria for Appointment and Person Specification for appointment to the Panel of Question Writers for Section 1 and am willing to commit to the professional conduct and development of the Section 1 examinations and to commit the time necessary to honour these commitments.

**Signed:**

**Date:**

**Please return completed form to:**

**Joint Committee on Intercollegiate Examinations  
The Royal College of Surgeons of Edinburgh  
Nicolson Street  
Edinburgh  
EH8 9DW  
Tel: 0131 662 9222  
[www.jcie.org.uk](http://www.jcie.org.uk)**

**For official use only**

Date Received	Board	Approved (circle appropriately): <b>Yes / No</b>	Training	<b>1<sup>st</sup></b> Meeting	Database Input [Initials/Date]