|  |
| --- |
| **New College Tutor Application** **To be completed by applicant** |
| Full Name |  |
| Contact email address |  |
| Hospital – full name and address |  |
| Name of College Tutor you would replace |  |
| Date of Changeover |  |
| School of Anaesthesia |  |
| Current post |  |
| Start date in current post  |  |
| GMC Registration NumberRevalidation DateAny restrictions on your practice – please specify |  |
| Are you recognised as a trainer on the GMC Specialist register? | Yes / No |
| Number of years as an Educational Supervisor? Have you done annual educational appraisals? |  |
| Please state any educational courses or qualifications you have completed, with dates e.g. Anaesthetists as Educators, PGCertEd, Train the Trainers |  |
| Are you a Member in good standing (including *ad eundem* or associate) of the College?Please state College Reference Number (CRN) | Yes / No  |
| Have you discussed your application with others in your hospital? Please state who e.g. consultant colleagues, Clinical Lead, Medical Director, DME, and state if they support your application |  |
| Please state examples of your contribution to training within your hospital e.g. teaching, supervision, exam preparation etc. |  |
| Please state examples of your contribution to your School of Anaesthesiae.g. regional teaching, interviews, ARCP panels |  |
| Please state any experience you have of dealing with doctors in difficulty |  |
| Please describe any previous work for the RCoA  |  |
| Please describe any experience in using the College’s training curriculum  |  |

|  |
| --- |
| **Please write below a brief statement of what you will bring to the role of College tutor (100 words max)** |
|  |

**Applicant’s Declaration:**

I wish to have my application to become a Royal College of Anaesthetists Tutor considered by the Education, Training and Examination Board. I confirm that, to the best of my knowledge all the information I have provided herein represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.

**Signature: Date:**

|  |
| --- |
| **New College Tutor appointment****To be completed by Regional Adviser Anaesthesia** |
| Name of RAA |  |
| School of Anaesthesia |  |
| Full name of proposed College Tutor |  |
| Name of Hospital |  |
| Do you support the person named above for the post of College Tutor? | Yes / No |
| Briefly outline why you consider this person to be suitable to fulfil the role of College Tutor |  |
| Are you satisfied that the proposed Tutor has the support of their Department? | Yes / No |
| Who has provided evidence of this support (state name & position held)?e.g. Clinical Lead, CD |  |
| Are you satisfied that the proposed Tutor has the support of their employer? | Yes / No |
| Who has provided evidence of this support (state name and position held)?e.g. DME |  |
| Are you satisfied that the proposed Tutor has support of the local School of Anaesthesia? | Yes / No |
| Who has provided evidence of this support (state name & position held)?e.g. Head of School, PG Dean, Associate Dean |  |
| Can you or the DME confirm if the applicant has three years’ experience as a GMC recognised ES?   | Yes / No / Not sure |

**Signature: Date:**