

## 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	
School of Anaesthesia	
In which year did you get CCT, or equivalent?	
Current post	
Start date in current post	
GMC Registration Number Revalidation Date Any 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 Fellow in good standing (including <i>ad eundem</i> or associate) of the College? Please state College Registration 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 Anaesthesia e.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	

<p><b>Please write below a brief statement of what you will bring to the role of College tutor (100 words max)</b></p>

**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	

**Signature:**

**Date:**