

Title:		Home address:	
Last Name:			
First Name:			
Date of Birth:		Postcode:	
Email address:		Mobile Phone:	

Post:		Date commenced:	
Hospital/ Institution			
Address:			
Postcode:			
Telephone:			
Email address:			
Secretary Name:		Secretary Contact:	

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Specialty: Cardiac / Thoracic / Congenital

Qualifications obtained (include degrees, diplomas, professional examinations)

Exam/Qualification	Year	Exam/Qualification	Year

**Previous Consultant Registrar appointments**

Hospital / Medical School	Position Held	Dates	
		From	To

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

Previous and current examining experience must be listed

Professional Body	Subject	Dates	
		From	To

**General experience/Personal Statement**

Please give details of further experience that may be of relevance of the post of examiner

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**Please list below your three most recent publications/presentations**

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I confirm that I understand that the procedure of appointment is by submission to the European Board of Cardiothoracic Surgery. Subject to acceptance, my name will be forwarded to the Board for ratification. If appointed, I am prepared to serve on the Panel of Examiners for a period of five years from the date of my first examination. I have read and understood the further particulars pertaining to the Appointment to the Panel of Examiners and am willing to commit to the professional conduct and development of the examination as well as the assessment, training and development as an examiner and will provide the time necessary to honour these commitments.

**Signed:**

**Date:**

**Names and Institutions of Referees (2 required)**

Please return the completed form to the EBCTS Secretariat by email to:

**ebcts@eacts.co.uk**

# Structured Reference

## European Board of Cardiothoracic Surgery

### Supporting an Application to the Panel of Examiners

Name of Applicant	<div style="border: 1px solid black; height: 25px;"></div>
Full name of Referee	<div style="border: 1px solid black; height: 25px;"></div>
Name of Hospital/ Institution	<div style="border: 1px solid black; height: 25px;"></div>
Email Address	<div style="border: 1px solid black; height: 25px;"></div>
Full Postal Address	<div style="border: 1px solid black; height: 100px;"></div>
Telephone Number	<div style="border: 1px solid black; height: 25px;"></div>
Declaration	<p>I confirm that the above consultant:</p> <div style="margin-top: 10px;"> <input style="width: 40px; height: 20px; margin-right: 10px;" type="checkbox"/> has a commitment to continuing professional development and research (Inc. publications) with up to date specialist knowledge. [as detailed in the Person Specification )].         </div> <div style="margin-top: 10px;"> <input style="width: 40px; height: 20px; margin-right: 10px;" type="checkbox"/> would be able to demonstrate a policy of courtesy, fairness and non discrimination         </div> <div style="margin-top: 10px;"> <input style="width: 40px; height: 20px; margin-right: 10px;" type="checkbox"/> has high professional standards and a commitment to the teaching and development of higher surgical trainees         </div> <div style="margin-top: 10px;"> <input style="width: 40px; height: 20px; margin-right: 10px;" type="checkbox"/> has an enthusiasm for, competence in and loyalty to the surgical profession [as detailed in the Person Specification)]         </div> <p style="margin-top: 10px;"><b>General Statement on suitability of applicant</b></p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
Signature	<div style="border: 1px solid black; height: 40px;"></div>
Date	<div style="border: 1px solid black; height: 40px;"></div>