

Online Form: Proposal for Fellowship

Instructions for Completing this Form

Please read the *Guidelines for Nominators and Nominees* before completing this form. This form should be completed by the nominee. You can save the form, type into the fields on the form and then email it to the nominators for completion. Completed forms can be submitted to the College for consideration either via email at *nominations@rcpi.ie* or via post. Paper copies of the guidelines and forms can also be requested by sending an email to *nominations@rcpi.ie*.

Fellowship of the Royal College of Physicians of Ireland

Fellowship is a demonstration of commitment to the College and an acknowledgement of an individual's contribution to the medical profession, its standards and practice. Fellowship of the College (FRCPI) is awarded to doctors who, in the opinion of the College, have made substantial contributions to their specialty/area of expertise, or who are senior members of the medical profession, and whose published works and attainments are of such distinction to justify election.

PART A: To be completed by the Nominee

SECTION 1A: PLEASE INDICATE PATHWAY TO PROPOSED FELLOWSHIP (Tick one box)

Membership of the Royal College of Physicians of Ireland

(MRCPI in General Internal Medicine, MRCPI in Paediatrics, MRCPI in Obstetrics and Gynaecology)

Type of Membership:

Year MRCPI Obtained:

Member of Another Recognised College

Type of Membership:

Year Membership Obtained:

Awarding Body:

Fellow of Another Recognised College

Type of Fellowship:

Year Fellowship Obtained:

Awarding Body:

SECTION 2A: VALUE OF FELLOWSHIP

Please describe the value of Fellowship of the Royal College of Physicians of Ireland to you:

SECTION 3A: CONTRIBUTION TO IRISH MEDICINE AND/OR TO STRATEGIC OBJECTIVES OF THE COLLEGE

Please describe your current or intended contribution to Irish medicine and/or your current or intended contribution to the strategic objectives of the College (see Guidelines for Nominees and Nominators for help with completing this section):

PART B: To be completed by the Nominee

| I | , | | | | | |
|-----------------------------|----------|------|--------|---------|------|--------|
| SECTION 1B: PERSONAL D | ETAILS | | | | | |
| Date of Birth (dd/mm/yy): | | | | | | |
| Title: | | | | | | |
| Family Name: | | | | | | |
| Forename(s): | | | | | | |
| Nationality: | | | | Gender: | Male | Female |
| SECTION 2B : CONTACT DE | TAILS | | | | | |
| HOME | | | | | | |
| Address: | | | | | | |
| City/Zip: | Country: | | | | | |
| Telephone: | Mobile: | | Email: | | | |
| WORK | | | | | | |
| Address: | | | | | | |
| City/Zip: | Country: | | | | | |
| Telephone: | Mobile: | | Email: | | | |
| Preferred means of contact: | Home | Work | | | | |

SECTION 3B: ACADEMIC QUALIFICATIONS

Provide a full list of all academic qualifications obtained. Both undergraduate and postgraduate must be given in date order, including MD, PhD qualifications:

| Qualification | Awarding Body | Date(s) Completed |
|---------------|---------------|-------------------|
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Provide a full list of Membership(s)/Fellowship(s) obtained:

| Membership/Fellowship | Awarding Body | Date of Award/Elevation |
|-----------------------|---------------|-------------------------|
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State medical registration number (eg, Medical Council Ireland, General Medical Council):

Date & Type of Registration:

SECTION 4B: TRAINING, EMPLOYMENT AND POSITIONS HELDProvide information about your postgraduate specialist training:Certificate of Satisfactory Completion of
Specialist Training or equivalent:Awarding BodyDate CompletedYes
No - Complete box underneathImage: Section of Complete box underneathImage: Section of Complete box underneathImage: Section of Complete box underneath

If you have do not have a Certificate of Satisfactory Completion of Specialist Training or if you have not undertaken specialist training, please describe your training or other experience and why specialist training could not be achieved:

Provide a list of substantive posts held, starting with your current post:

| Position | Institution | Date of Employment |
|----------|-------------|--------------------|
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Is your current post

| Consultant or equivalent(*) | Teaching post | Fulltime post | Public appointment | Private appointment |
|-----------------------------|---------------|---------------|--------------------|---------------------|
| | | | | |

*For posts that are equivalent to a consultant post, a letter is required from your hospital to confirm this.

Other current posts Held (eg, honorary positions, academic posts, editorial posts, specialist society positions):

| Other Positions Held | Institution | Period of Office |
|----------------------|-------------|------------------|
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Your Specialty/Sub-Specialty:

SECTION 5B: PUBLICATIONS

How many publications are listed on your CV?:

Please list your top five publications:

| 1. | | | |
|----|--|--|--|
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5 | | | |

SECTION 6B: DECLARATION

By signing this form, you are declaring that the information provided is accurate and that you comply with your local professional competence compliance requirements (if in current medical practice).

Signature:

Date:

I have attached my CV which lists relevant, peer-reviewed publications/research/bibliography

PART C: To be completed by the Nominator. Two Fellows in good standing of the Royal College of Physicians of Ireland (FRCPI) are required to support the nomination.

| SECTION 1C: FIRST NOMINATOR DETAILS | |
|--|---|
| | |
| Name: | |
| Contact Address: | |
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| | |
| Email: | Phone: |
| FRCPI ID Number: | |
| By signing this form, you are declaring that, to the best of to be considered for Fellowship of the College | of your knowledge, the information is accurate and that the nominee is eligible |
| Signature: | Date: |
| SECTION 2C: SECOND NOMINATOR DETAILS | |
| Name: | |
| Contact Address: | |
| | |
| | |
| Email: | Phone: |
| FRCPI ID Number: | |
| By signing this form, you are declaring that, to the best of to be considered for Fellowship of the College | of your knowledge, the information is accurate and that the nominee is eligible |
| Signature: | Date: |

SECTION 3C: STATEMENT OF REASONS FOR SUPPORT

State your reasons to support the nominee's application for Fellowship