

PROPOSAL FOR FELLOWSHIP



Instructions for Completing this Form

Please read the **Fellowship Guidelines for Applicants** before completing this form. You can save the form, type into the fields on the form and then email it to the nominators for completion. Completed forms should be submitted to the College for consideration via email at nominations@rcpi.ie

Fellowship of the Royal College of Physicians of Ireland

Becoming a Fellow means you have been recognised by your peers and this College for your contribution to your specialty. As a Fellow, you join a prestigious international network of physicians collaborating to improve people's health.

PART 1: To be completed by the Applicant

SECTION 1A: PERSONAL PROFILE

Title:

Family Name:

Forename(s):

Date of Birth (dd/mm/yyyy):

Gender: Male Female

Address:

Town/City:

Country:

Zip/Eircode:

Telephone:

Country of Practice:

RCPI ID Number (if applicable):

Speciality/Subspecialty:

Medical registration number (e.g. Medical Council Ireland, General Medical Council):

Date and Type of Registration):

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

1. Holding a Certificate of Satisfactory Completion of Specialist Training from the Royal College of Physicians of Ireland (or faculties/institute of RCPI)

Year Obtained:

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2. Specialist Division of the Register of the Medical Council of Ireland.
(You must also be enrolled on a Specialist Professional Competence Scheme under the Royal College of Physicians of Ireland)

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3. Graduation from the International Clinical Fellowship Programme of the Royal College of Physicians of Ireland.

Year of ICFP Graduation:

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4. Membership of the Royal College of Physicians of Ireland

Year MRCPI Obtained:

.....

5. Fellowship of Another Recognised College (including Faculties/Institutes of RCPI)

Institute and Year Obtained:

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6. Membership of Another Recognised College

Institute and Year Obtained:

PART 2: To be completed by the Applicant

SECTION 2A: MEDICAL AND/OR PROFESSIONAL APPOINTMENTS

State current post and if permanent or temporary (For all pathways, except CSCST holders, you should ordinarily hold a permanent consultant or equivalent post - see Fellowship Guidelines for Applicants for more details):

Position	Institution	Date of Employment

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

Other Positions Held	Institution	Period of Office

SECTION 2B: SPECIALIST TRAINING AND MEDICAL EDUCATION

Please provide information about your postgraduate specialist training:

Certificate of Satisfactory Completion of Specialist Training (CSCST) or equivalent	Awarding Body	Date Completed
Yes		
No - Complete box underneath		

If you do not have a CSCST (or equivalent) or if you have not undertaken specialist training, please describe your training or other experience and why specialist training could not be achieved (or if an **International Clinical Fellowship Programme graduate** provide evidence of an additional two years of specialist training or specialty experience following graduation – please refer to Fellowship Guidelines for Applicants):

Membership(s)/Fellowship(s) obtained:

Membership/Fellowship	Awarding Body	Date of Award/Elevation

Primary Medical Degree:

Qualification	Awarding Body	Date(s) Completed

PART 3: To be completed by the Nominators. Two Fellows in good standing of the Royal College of Physicians of Ireland (FRCPI) are required to support the nomination.

SECTION 3A: FIRST NOMINATOR DETAILS

Name:

RCPI ID:

Email:

Reason for Nomination:

Signature:

Date:

SECTION 3B: SECOND NOMINATOR DETAILS

Name:

RCPI ID:

Email:

Reason for Nomination:

Signature:

Date:

PART 4: To be completed by the Applicant

SECTION 4A: VALUE OF FELLOWSHIP (Not required for Pathways 1&3)

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

SECTION 4B: CONTRIBUTION TO IRISH MEDICINE AND/OR TO STRATEGIC OBJECTIVES OF THE COLLEGE (Not required for Pathways 1, 3 & 4)

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

PART 5: Declaration

A. I have emailed all requested supporting documentation to *nominations@rcpi.ie*

1. Copy of up-to-date CV (CV should list relevant, peer-reviewed publications/research/bibliography and contain full employment history and education/training information)
2. Statement of Compliance with Professional Competence from Local Professional Competence Body (if applicable)

If practicing outside Republic of Ireland the following are also required:

3. A copy of your certificate of specialist training (or evidence of specialist training)
4. Confirmation letter of your consultant post (or equivalent) from your employer

B. Are you currently the subject of a Fitness to Practise inquiry of the Medical Council of Ireland or of the medical regulator in your jurisdiction?

Please note failure to provide accurate information on your application will result in the application being void.

Yes

No

C. Are you currently, or have you ever had any form of sanctions imposed on your registration with the Medical Council of Ireland or the medical regulator in your jurisdiction?

Please note failure to provide accurate information on your application will result in the application being void.

Yes

No

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: