**This form must be submitted in type format**

**Section A: to be completed by Applicant**

|  |  |
| --- | --- |
| Examination Date | Click or tap to enter a date. |
| Examination Application Closing Date | Click or tap to enter a date. |
| Last Name | Click or tap here to enter text. |
| Other Names in full | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of birth (DD/MM/YY) | Click or tap here to enter text. |

**Section B‐H inclusive: to be completed by Referee**

**Section B**

|  |  |
| --- | --- |
| Referee Name | Click or tap here to enter text. |
| Current Post | Click or tap here to enter text. |
| College Affiliation | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Hospital Address | Click or tap here to enter text. |
| **Please tick relevant box(s)**Head of recognised Training Committee/Programme [ ] Head of Department [ ]  |

My **detailed comments** on the above applicant’s suitability to take this examination are as follows:

**Section C – Diagnostic Skills**

 Click or tap here to enter text.

**Section D – Clinical Management**

 Click or tap here to enter text.

**Section E – Technical Operative Skills:** *To accompany a validated summary of operative procedures of the applicant*

 Click or tap here to enter text.

**Section F – Professionalism & Probity**

 Click or tap here to enter text.

**Section G – Communication & Language skills**

 Click or tap here to enter text.

**Section H ‐ Declaration** *(please complete Declaration No’s: 1‐6)*

|  |
| --- |
| **I, the undersigned, declare that** |
| 1 | I confirm that I am the candidates Head of Department or Senior Colleague (where the Head of Department is not a Cardiothoracic Surgeon) |[ ]
| 2 | I confirm that I have direct experience of the applicant’s current surgical clinical practice as an independent specialist for 2 years or more.2 years |[ ]
| 3 | I confirm that I consider that the candidate is ‘emergency safe’ |[ ]
| 4 | I confirm that the candidate is actively involved in teaching/training/education and engages fully in clinical governance |[ ]

|  |  |
| --- | --- |
| 5 | I confirm that, to the best of my knowledge, the information I have given in this structuredreference is true and accurate |[ ]
| 6 | I have **no reservations** about this candidate’s application for entry to the examination andconfirm that, in my view, he/she meets the required standard to be assessed as a recognisedspecialist |[ ]

Signed: Date:

Position:

Please complete this form, print & sign and return to the applicant