**APPLICATION FORM**

**TO BECOME A FOM EXAMINER**

INSTRUCTIONS FOR COMPLETION

**This form should be completed electronically; the boxes will expand to allow as much text as required to be entered.**

**SECTION 1: CONTACT DETAILS AND EXAMINATION INTEREST**

|  |  |  |
| --- | --- | --- |
| **Title:** | **Forenames:** | **Surname:** |
| **GMC / NMC Number:** | | **Qualifications:** |
| **Business Address:** | | **Home Address:** *(if different)* |
| **Tel:** | | **Tel:** |
| **E-mail:** Please note that important examination information will be communicated to you by email. | | |
| **Preferred mailing address: Home/ Business?** *(Delete not applicable)* | | |

**EXAMINATION** *(Please mark with ‘X’ as appropriate)*

|  |  |
| --- | --- |
| Part 1 MFOM / DOccMed  *(****requires licence to practise****)* |  |
| Part 2 MFOM / AFOM Written Examinations  *(****requires licence to practise****)* |  |
| Part 2 MFOM / AFOM Clinical Examinations  *(****requires licence to practise****)* |  |
| Diploma in Aviation Medicine (DAvMed)  *(****requires license to practise****)* |  |

**SECTION 2: PERSON SPECIFICATIONS**

*(Please mark with ‘X’ as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** |  |
| Have you undergone an appropriate annual appraisal and maintained your status in relation to revalidation covering the scope of your practice? |  |  |  |
| In the past 3 years, have you fulfilled CPD requirements that cover the scope of the qualification curriculum you are applying for (as this pertains to the examinations)? |  |  |  |
| Are you in good standing with the Faculty having paid FOM and/or other professional annual fees? |  |  |  |
| Do you hold the qualification for which you have applied to examine? |  |  |  |
| Have you been in a substantive consultant (or equivalent) post for at least two years? |  |  |  |
| Have you completed equal opportunities/diversity training? |  |  | **Date and Place of training:** |
| Are you recorded on the GMC Specialist Register? |  |  |  |
| Are you recorded on the GMC Specialist Register under a different Specialty? |  |  | **If so, which?** |
| Please confirm your CCT date |  |  |  |
| What are your subspecialist expertise/areas of specialist interest |  |  | **Please note here** |

**SECTION 3: BACKGROUND**

|  |  |
| --- | --- |
| **GMC / NMC Number:** |  |
| **Qualifications:** |  |

|  |
| --- |
| **Present appointment(s) with dates and a *brief* outline of duties** |
|  |

|  |
| --- |
| **Previous appointment(s) with dates and a *brief* outline of duties** |
|  |

|  |
| --- |
| **Present service to the Faculty of Occupational Medicine (with dates)** |
|  |

|  |
| --- |
| **Please explain, in no more than 250 words, your suitability to be an examiner and provide any further information you may wish to add in support of this application.** |
|  |

**SECTION 5: DECLARATION**

If the position is offered to me, I confirm that:

1. I will be subject to the Examiner Guidance and quality assurance procedures of FOM
2. I will undergo successful completion of Examiner Training at the Faculty (or provide evidence of training from another Medical Royal College if unable to attend Faculty Examiner Training).
3. I shall notify the Examinations Manager if I demit my licence to practice
4. I am in good standing with the GMC / NMC / Other Registration Body. If, for any reason an interim order has been issued pending investigation, conditions have been placed on my practice or my registration body has suspended my licence, I shall notify the Examinations Manager immediately.
5. My employer has given permission for me to take on this role OR I am self-employed and commit to the necessary time
6. While an examiner, I will be fully engaged with the revalidation process (including annual appraisal, 360° / multisource feedback, etc)

I confirm that the above information is accurate and understand that the information given on this form will be considered by the Faculty’s Assessment Sub-Committee

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed, signed application forms should be returned to the Examinations and Training Department

exams@fom.ac.uk

**Equality and diversity monitoring**

The Faculty of Occupational Medicine is an equal opportunities organisation committed to ensuring that no applicant receives less favourable treatment than others on grounds of, age, disability, gender reassignment, marital/partnership status, pregnancy and maternity, race, religion/belief, sex or sexual orientation, gender reassignment or marital/civil partnership status.

Monitoring is strictly confidential but not anonymous. Data provided on this form will be used only in accordance with the Faculty’s data protection registration.

You are asked to provide responses about protected personal characteristics below. Your responses are VOLUNTARY and you may give a ‘decline to answer’ response.

|  |  |  |  |
| --- | --- | --- | --- |
| **Protected characteristic** | **Answer** | | **Decline to answer** |
| **Date of birth (dd/mm/yy)** |  | |  |
| **Do you consider yourself to have a disability or long-term health condition** | Yes/No | |  |
| **Are you proposing to undergo/ undergoing or have you undergone gender reassignment** | Yes/No | |  |
| **Marital/partnership status** | **Please tick the appropriate box below:** | | |
| Single |  |  |
| Married |  |
| Civil partnership |  |
| Divorced |  |
| Civil partnership dissolved |  |
| Widow |  |
| Widower |  |
| Surviving civil partner |  |
| Separated |  |
| **Are you pregnant or have you given birth within the last 26 weeks** | Yes/No | | |
| **Race** | **Choose ONE section from A to E and then tick the appropriate box** | | |
| **A: Asian or Asian British** | Bangladeshi |  |  |
| Indian |  |
| Pakistani |  |
| Other Asian background  (please state) |  |
| **B: Black or Black British** | African |  |
| Caribbean |  |
| Other Black background  (please state) |  |
| **C: Chinese or other ethnic group** | Chinese |  |
| Other (please state) |  |
| **D: Mixed Heritage** | White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| Other Mixed background  (please state) |  |
| **E: White** | British |  |
| English |  |
| Irish |  |
| Scottish |  |
| Welsh |  |
| Other White background  (please state) |  |
| **Religion/belief** | **Please tick the appropriate box below:** | | |
| Atheism |  |  |
| Buddhism |  |
| Christianity |  |
| Hinduism |  |
| Islam |  |
| Judaism |  |
| Sikhism |  |
| Other (please state) |  |
| **Sex** | Male/Female | |  |
| **My sexual orientation is:** | **Please tick the appropriate box below:** | | |
|  | Bisexual |  |  |
|  | Gay man |  |
|  | Gay woman/lesbian |  |
|  | Heterosexual/Straight Other |  |
| **Date:** |  | |  |