Application form: Regional Specialty Adviser

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| **Notes for applicants** |

1. Please refer to the role description for [CO](https://www.rcr.ac.uk/sites/default/files/rsa_role_description.pdf) or [CR](https://www.rcr.ac.uk/sites/default/files/rsa_tor_cr_feb_2018.pdf) on the RCR website when completing this application.
2. Please complete all sections and return as an email attachment to QATraining@rcr.ac.uk by 5.00 pm on the date specified on the RCR website for the vacancy for which you are applying.
3. The role of Regional Specialty Adviser cannot be combined with that of Training Programme Director, Head of School or Departmental Lead Clinician/Clinical Director as there is an inherent conflict of interest.

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| **Personal details** |

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| Title | Click to enter text. | Surname | Click to enter text. |
| Other names (in full) | Click to enter text. |
| Hospital address | Click to enter text. |
| Postcode | Click to enter text. |
| Telephone  | Click to enter text. |
| Email | Click to enter text. |

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| Date of Consultant Appointment | Click to enter a date. |
| Area(s) of special interest | Click here to enter text. |

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| Position applied for |
| Specialty | Choose an item. | Region | Click here to enter text. |

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| **Supporting statement** |

Please provide a supporting statement for your application, covering the areas listed below.

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| Your interest in the regional specialty adviser role | Click to enter text. |
| Your experience of the delivery and organisation of training in the UK | Click to enter text. |
| Your understanding of the curriculum, WPBA, e-portfolio and critical progression points*(e.g. examples of how you have supported curriculum delivery and assessment in your region)* | Click to enter text. |
| Your experience of the ARCP process | Click to enter text. |
| Your engagement with quality improvement of training  | Click to enter text. |
| Your knowledge of the requirements for training and ARCP set out by the Gold Guide*(e.g. how do you think these requirements relate to the RSA role?)* | Click to enter text. |
| Other relevant skills and experience | Click to enter text. |

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| I confirm that my application is supported by my local specialty training committee (or equivalent) |[ ]
| Applicant signature | Click to enter text. |
| Date | Click to enter a date. |