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**RCSI** DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

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| **APPLICATION FOR SPECIALIST TRAINING**  **COMMENCING JULY 2022** |

## 

**Closing Date: 5pm Thursday 18th November 2021**

**Read the enclosed guidelines carefully prior to completing the application form**

**This application must be submitted unbound and unstapled but in the correct order as per page numbers**

|  |  |
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| **Please tick which Specialty you are applying for:** | |
| Cardiothoracic Surgery |  |
| General Surgery |  |
| Otolaryngology |  |
| Vascular Surgery |  |
| Plastic Surgery |  |
| Trauma and Orthopaedic Surgery |  |
| Urology |  |
| Neurosurgery |  |
| Oral & maxillofacial Surgery |  |
| Paediatric Surgery |  |

* There is no fee applicable to this application
* Interviews will take place week commencing Monday 14th March 2022 (exact dates tbc)
* Please ensure you read the attached Progression document for ST2 – ST3
* You are not required to submit transcripts as these will be on file from CST1 application
* Any attempt to provide misleading or false information to improve your score will result in automatic disqualification.
* Successful applicants appointed to the Programme must commence their Specialty post in July 2022 No deferrals of commencement of programme in July 2022 permitted.
* All information contained in this document is deemed to be a record held by RCSI for the purposes of processing your application to Specialty Training. RCSI is committed to protecting your privacy in line with applicable data protection legislation including the ‘EU General Data Protection Regulation and policies RCSI has in place under that legislation. RCSI will hold scanned copies of all applications for 1 year following the closing date. No originals are held or returned unless specifically requested by the applicant.
* Submit applications unbound & unstapled – no plastic pockets or folders please.

Note: Documents, with the exception of items under “Research and Academic”, will not be accepted after the closing date. There will be a provision for applicants to submit items such as thesis, publications, presentations etc. which will be awarded after the closing date up to **5pm Friday 14th January 2022**. Under NO circumstances will marks be given beyond this date based on accepted/ awarded thesis, publications or presentations.

Validated Logbooks and Trainee Assessment Reports for final six months of Clinical experience will be accepted up to **5pm** **Friday 14th January 2022.**

|  |  |
| --- | --- |
| **Personal Details** | |
| Full name | ''Click here and type'' |
| Irish Medical Council number | ''Click here and type'' |
| IMC Registration type | ''Click here and type'' |
| Nationality | ''Click here and type'' |
| Date of birth | ''DD / MM / YY'' |
| Email | ''Click here and type'' |
| Phone | ''Click here and type'' |
| Mobile | ''Click here and type'' |
| Postal address | ''Click here and type'' |

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| **Education** | |
| Medical School | ''Click here and type'' |
| Dates (from –to) | ''DD / MM / YY'' to ''DD / MM / YY'' |
| Type of degree | ''Click here and type'' |
| Place in final Mb, BCh. BOA (centile) | ''Click here and type'' |
| Undergraduate Achievements | ''Click here and type'' |
| First Class honours degree | ''Click here and type'' |
| Second Class honours degree | ''Click here and type'' |

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| **Postgraduate Achievements** |

Membership Awarded *Please Submit Verification which includes your Part B marks as this will be required for progression metrics*

| Qualification | Date Passed | College | Office Use |
| --- | --- | --- | --- |
| **Part A** | ''DD / MM / YY'' | ''Click here and type'' |  |
| **Part B** | ''DD / MM / YY'' | ''Click here and type'' |  |

| Qualifications | Date  from: | Date  to: | College | Office Use |
| --- | --- | --- | --- | --- |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |

Please Specify Any Other Relevant Degree(s) You Have Obtained

Please Specify Any Other Relevant Diploma(s) You Have Obtained

| Qualifications | Date  from: | Date  to: | College | Office Use |
| --- | --- | --- | --- | --- |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' | ''Click here and type'' |  |

*Note: Verification of other relevant degrees / diplomas must be provided in English.*

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| **Research /Academic Development** |

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| Publications  *Please provide Verification*  List only full length peer reviewed papers in scientific journals. Do not list abstracts or case reports. Do not list papers which have been submitted but not yet accepted. The title, reference and list of authors must be exactly as in the published journal. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Journal | Impact Factor | Title of Paper | Reference | PIMD Number | Author status 1st, 2nd etc. | Office Use |
| ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' |  |
| ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' |  |
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| ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' |  |

**Published Case Reports** *Please provide Verification*

List only published case reports in which you are the **first author**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Journal | Reference | PIMD Number | Author status 1st - ONLY | Office Use |
| ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' |  |
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| ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' |  |
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| ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' | ''Click here and type'' |  |
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| Presentation Please provide Verification  List only Oral Presentations which you personally presented or poster presentation in which you were First Author. List only presentations / posters at recognised Surgical or Scientific Meetings / Conferences. Do not list presentations / posters in which you were a co-author. | | | | |
| Name of Meeting | Date | Venue | Title of Presentation | Office Use |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' | ''Click here and type'' |  |

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| Research in Progress  You must submit a letter of verification from your Research Supervisor in Relation to this Research (NB Letters will not be Accepted from SpRs) |
| ''Click here and type'' |

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| **Professional Development** |

**Professional and Technical skills course** **Please provide Verification**

you have completed (courses should be of direct relevance to the specialty you are applying for ( do not list mandatory RCSI education courses)

| Course | Date /Duration | Venue | Office Use |
| --- | --- | --- | --- |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' |  |
| ''Click here and type'' | ''DD / MM / YY'' | ''Click here and type'' |  |

**Audit projects Please provide Verification**

Please list the Audit Projects you have Completed. You should include the Title, the Standard used, a brief Summary of the First Cycle results, the Intervention and a brief Summary of the Second Cycle results.

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| ''Click here and type'' |

**Additional Information Please provide Verification**

List any additional information that may be relevant from commencement of your internship to now e.g. Prizes Received, Teaching Activities etc.

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| ''Click here and type'' |

Previous Appointments:

Intern posts, Core Surgical Training Posts – in date order, starting with most recent

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital | Specialty | Start Date | End Date |
| ''Click here and type'' | ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' |
| ''Click here and type'' | ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' |
| ''Click here and type'' | ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' |
| ''Click here and type'' | ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' |
| ''Click here and type'' | ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' |
| ''Click here and type'' | ''Click here and type'' | ''DD / MM / YY'' | ''DD / MM / YY'' |

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| **Applicant’s Signature:** | |
| I declare that to the best of my knowledge and belief that all the particulars furnished in connection with this application are true and accurate. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my Application Form. I understand that any false or misleading information submitted by me may render any offer of a training position and associated employment offers as null and void. | |
| **Signature:** | **Date:** |

For office use only

|  |  |
| --- | --- |
| Specialty assigned |  |
| Documents checked and verified |  |
| Confirmation of acceptance received |  |
| Signed off by: |  |

**Please note re: Submission of application & contact for application queries-**

Please submit one signed unstapled copy of this form along with any supporting documentation to the relevant administrator for your chosen specialty, you will find the complete list below. Queries regarding your application should also be addressed to the relevant administrator via email where possible (email addresses included below)

|  |  |
| --- | --- |
| **Specialty** | **Queries and completed applications to:** |
| Oral & Maxillofacial Surgery | Isabella Finn, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email: [Isabellafinn@rcsi.ie](mailto:Isabellafinn@rcsi.ie) Phone:  353-1-402 2166 |
| Paediatric Surgery | Teresa Byrne, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [**teresabyrne@rcsi.ie**](mailto:teresabyrne@rcsi.ie) Phone:  353-1-402 5034 |
| Plastic, Reconstructive & Aesthetic Surgery | Isabella Finn, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [Isabellafinn@rcsi.ie](mailto:Isabellafinn@rcsi.ie) Phone:  353-1-402 2166 |
| General Surgery | Sinead Dixon,  Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [**sineaddixon@rcsi.ie**](mailto:sineaddixon@rcsi.ie)  Phone:  353-1-402 2233 |
| Vascular Surgery | Jackie Browne, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [**jackiebrowne@rcsi.ie**](mailto:jackiebrowne@rcsi.ie) Phone:  353-1-402 2188 |
| Urology | Teresa Byrne, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [**teresabyrne@rcsi.ie**](mailto:teresabyrne@rcsi.ie) Phone:  353-1-402 5034 |
| Cardiothoracic Surgery | Teresa Byrne, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [**teresabyrne@rcsi.ie**](mailto:teresabyrne@rcsi.ie) Phone:  353-1-402 5034 |
| Trauma & Orthopaedic Surgery | Leah Daly, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email: [**leahdaly@rcsi.ie**](mailto:leahdaly@rcsi.ie) Phone: 353-1-402 2195 |
| Neurosurgery | Teresa Byrne, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [**teresabyrne@rcsi.ie**](mailto:teresabyrne@rcsi.ie) Phone:  353-1-402 5034 |
| Otolaryngology, Head & Neck Surgery | Jackie Browne, Surgical Training, Surgical Affairs, RCSI, 121 St. Stephens Green, Dublin 2, Ireland  Email:  [**jackiebrowne@rcsi.ie**](mailto:jackiebrowne@rcsi.ie) Phone:  353-1-402 2188 |

***Closing date for receipt of applications is 5pm Thursday 18th November 2021***