



# RCSI

## **CORE SURGICAL TRAINING**

Pathway Trainees Application Form  
for Specialty Training HST3-HST8



## APPLICATION FOR SPECIALIST TRAINING COMMENCING JULY 2025

**CLOSING DATE: 5PM THURSDAY 21st NOVEMBER 2024**

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**

**PLEASE TICK WHICH SPECIALTY YOU ARE APPLYING FOR:  
(please note only 1 specialty can be chosen per applicant & a Trainee must apply for ST3 in their current ST2 specialty)**

Cardiothoracic Surgery	
General Surgery	
Neurosurgery	
Oral & maxillofacial Surgery	
Otolaryngology	
Paediatric Surgery	
Plastic Surgery	
Trauma and Orthopaedics	
Urology	
Vascular Surgery	

- » There is no fee applicable to this application
- » Interviews will take place commencing 13th March 2025
- » 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 2025. No deferrals of commencement of programme in July 2025 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 12th January 2024. Under NO circumstances will marks be given beyond this date based on accepted/ awarded thesis, publications or presentations.

## 1. PERSONAL DETAILS

### APPLICANT DETAILS

Full name:	
Irish Medical Council number:	
IMC Registration type:	
Nationality:	
Citizenship (if different from nationality):	
Date of birth:	
Gender:	
Email:	
Phone:	
Mobile:	
Postal address:	

### EDUCATION

Medical School:	
Dates (DD / MM / YY" to "DD / MM / YY):	
Type of degree:	
Place in final Mb, BCh. BOA (centile):	
Undergraduate Achievements :	
First Class honours degree :	
Second Class honours degree:	

### POSTGRADUATE ACHIEVEMENTS

**MEMBERSHIP AWARDED** PLEASE SUBMIT VERIFICATION WHICH INCLUDES YOUR PART B MARKS AS THIS WILL BE REQUIRED FOR PROGRESSION METRICS

QUALIFICATION	DATE PASSED (DD/MM/YY)	COLLEGE	OFFICE USE
Part A			
Part B			

PLEASE SPECIFY ANY OTHER RELEVANT DEGREE(S) YOU HAVE OBTAINED

QUALIFICATIONS	DATE FROM	DATE TO	COLLEGE	OFFICE USE

PLEASE SPECIFY ANY OTHER RELEVANT DIPLOMAS(S) YOU HAVE OBTAINED

QUALIFICATIONS	DATE FROM	DATE TO	COLLEGE	OFFICE USE

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

**RESEARCH /ACADEMIC DEVELOPMENT**

**PUBLISHED CASE REPORTS PLEASE PROVIDE VERIFICATION**

LIST ONLY PUBLISHED CASE REPORTS IN WHICH YOU ARE THE FIRST AUTHOR

**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

TITLE	JOURNAL	REFERENCE	PIMD NUMBER	AUTHOR STATUS 1ST - ONLY	OFFICE USE

**RESEARCH /ACADEMIC DEVELOPMENT**

**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

**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)

**PROFESSIONAL DEVELOPMENT**

**PROFESSIONAL AND TECHNICAL SKILLS COURSES 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

**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.

**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.

**PROFESSIONAL DEVELOPMENT**

**PREVIOUS APPOINTMENTS:**

INTERN POSTS, CORE SURGICAL TRAINING POSTS – IN DATE ORDER, STARTING WITH MOST RECENT

HOSPITAL	SPECIALTY	START DATE	END DATE

**APPLICANT 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.

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Signature:

Date: