

**SPECIALTY ADVISORY COMMITTEE (SAC) MEMBER**

**APPLICATION FORM**

**Please send the completed form along with a recent CV to** [**specialties@jcst.org**](mailto:specialties@jcst.org)

1. **PERSONAL DETAILS**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TELEPHONE NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMC NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT APPOINTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGION IN WHICH I AM BASED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURGICAL SPECIALTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSPECIALTY INTEREST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROYAL COLLEGE AFFILIATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The information you have given on this form will be held by the Joint Committee on Surgical Training (JCST) on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes that you originally contacted us for. The role-specific application information is kept by JCST and will be available to all members of staff within the same department, and will not be shared throughout the wider organisation unless instructed otherwise. If your application is successful, we will share your name and contact details as necessary with the relevant organisations associated with this post.*

*Follow these links for more information on the JCST* [*Terms and Conditions*](https://www.jcst.org/terms-and-conditions/) *and* [*Privacy Notice*](https://www.jcst.org/privacy-notice-and-cookies-policy/)

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**PLEASE REFER TO THE SAC MEMBER PERSON SPECIFICATIONS 2020 AND CONFIRM THAT YOU MEET ALL THE ESSENTIAL REQUIREMENTS.**

**I CONFIRM THAT I AM/HAVE:**

|  |  |
| --- | --- |
| **Expertise and experience in training** | **Yes / No** |
| GMC Recognised Trainer (CS or AES) |  |
| Experience of administration / management of training at regional committee level or equivalent (e.g. Specialty Training Committee member or School of Surgery Training Committee member etc) |  |
| Thorough knowledge of the current medical training environment |  |
| Completion of appropriate Training the Trainers course (or equivalent) |  |
| Completion of a basic Equality and Diversity training course |  |

|  |  |  |
| --- | --- | --- |
| **Contribution to local service and profession** | **Yes / No** | |
| Leadership experience |  |
| Evidence of team working |  |
| Evidence of skills in areas such as problem solving, conflict resolution, change management |  |
| Up to date Appraisal / revalidation |  |

|  |  |
| --- | --- |
| **Surgical Expertise** | **Yes / No** |
| Technical competence in specialty as confirmed through employer’s appraisal process |  |
| In good standing with employer and GMC (and GDC for OMFS) |  |

**ENSURE YOU DEMONSTRATE HOW YOU MEET ALL THE ESSENTIAL REQUIREMENTS (as listed above) AND AS MANY OF THE DESIRABLE CHARACTERISTICS AS POSSIBLE IN THE SECTIONS BELOW.**

1. **Describe up to 5 issues you are aware of in the current training environment for your specialty:  
   1:  
   2:  
   3:  
   4:  
   5:**
2. **EXPERTISE AND EXPERIENCE IN TRAINING**

Describe your activities in relation to the desirable criteria in this section on the application form

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| --- |
|  |

1. **CONTRIBUTION TO LOCAL SERVICE AND PROFESSION**

Describe your activities in relation to the desirable criteria in this section on the application form

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1. **SURGICAL EXPERTISE**

Describe your activities in relation to the desirable criteria in this section on the application form

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| --- |
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1. **PERSONAL STATEMENT**

GIVE **5** REASONS WHY YOU BELIEVE YOU WOULD BE AN EFFECTIVE SAC MEMBER

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **DECLARATION OF APPLICANT**

I confirm that I wish to apply to become a member of the SAC in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify which specialty) and that to the best of my knowledge the information given in my application is true. I am in good standing with my employer and the GMC and am technically competent in my surgical specialty. I confirm that I have discussed this with my employers and have their support.

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **STRUCTURED REFERENCE**

CHIEF EXECUTIVE / MEDICAL DIRECTOR (Details to be included)

DECLARATION:

I confirm that the above Consultant:

* has high professional standards and a commitment to the teaching and development of surgical trainees
* has demonstrated a high level of leadership and team working
* acts in a courteous, fair and non-discriminatory manner at all times
* has employer approval to commit the time necessary to undertake this important educational role, including employer support for reasonable expenses

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **POSITION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_