



**Medical Appraiser**

**Application Form**

**PERSONAL DETAILS**

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| **Full Name** |  |
| **Known As** |  |
| **Secure NHS Email** |  |
| **Alternative Email** |  |
| **Home Address** |  | **Mobile Phone Number** |
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| **Home Phone Number** |
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| **Practice Address** (if applicable) |  | **Practice Phone Number** |
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**QUALIFICATIONS & TRAINING**

Include in this section all relevant graduate or post-graduate qualifications and training.

Please also indicate subjects currently being studied (if applicable).

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| **Subject/Qualification** | **Place of Study** | **Grade/Result** | **Year of Completion** |
|  |  |  | Select date |
|  |  |  | Select date |
|  |  |  | Select date |
|  |  |  | Select date |

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| **Equality & Diversity Training latest update:** | Select date |
| **Data Security & Information Governance Training latest update:** | Select date |

**MAIN CURRENT OR MOST RECENT ROLE**

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| **Main current or most recent role title** |  |

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| **Number of years in this role** |  |

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| **If no longer in, or planning to leave, this role within the next 12 months, please give the relevant date** | Select Date |

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| **What are/were your particular duties/responsibilities?** |
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| **Please state your NHS Experience** |
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| **How can you demonstrate that you will be a credible medical appraiser?** (Please give examples of any experience in supporting doctors who are struggling or how an appraiser can support a doctor who is struggling) |
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| **Describe your personal experience of appraisal** |
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| **What have you found useful or otherwise in your own appraisals?** |
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| **Most Wessex appraisers average 10-12 appraisals per year. Please explain why we should consider your application if you are not able to offer a minimum of 10 appraisals per year (exceptional circumstances will be considered)** |
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| **I confirm that I have the capacity, if appointed as a new medical appraiser, to undertake a minimum of ten to twelve appraisals per year.** | Yes [ ]  No [ ]  |

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| **What concerns, if any, do you have at this stage about becoming an appraiser?**  |
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| Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country? | Yes [ ]  No [ ]  |
| Have you had any performance concerns identified by the Responsible Officer or one of their deputies, or been involved in a Performance Investigation or review? | Yes [ ]  No [ ]  |
| Have you been removed from the Register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country? | Yes [ ]  No [ ]  |
| **If you have answered YES to any of the above questions, please provide details below:** |
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**KNOWLEDGE, SKILLS & ATTRIBUTES**

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| **Why have you applied to be an Appraiser?** |
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| **What skills and attributes do you have which will benefit doctors you appraise?** |
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| **How are you motivated, conscientious and able to deliver to meet deadlines?** Please give examples of how you manage your time and workload, and meet deadlines. |
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| **Please give examples from your experience of being open, patient-focused, and having a non-judgemental attitude** |
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| **What are your views on CPD for the appraiser role?** |
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| **How does Equality and Diversity impact on the appraiser role?** |
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| **What are the implications of good data security and Information Governance for appraisers?** |
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| **Please give examples of your IT skills** |
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| **How much time can you dedicate to the appraiser role?** |
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| **How is Revalidation linked to appraisals?** |
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| **What is the role of the Responsible Officer?** |
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| **What knowledge do you have of local professional development systems, and educational support?** |
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