

International Medical Fellowship in Psychiatry

Application Form – Part 1 To be completed by the applicant

APPLICANT INFORMATION	
Surname:	
Given Name(s):	
Telephone number:	
Email Address:	
Country of Residence:	
Town/City of Residence:	

<input type="checkbox"/>	I hold a primary medical qualification recognised by the UK General Medical Council (GMC). For GMC list of recognised qualifications, please see: www.gmc-uk.org/doctors/registration_applications/acceptable_primary_medical_qualification.asp For internationally accepted Medical Institutions, please see: https://search.wdoms.org/
<input type="checkbox"/>	Following undergraduate training, I have completed an acceptable programme of practical training/internship (or equivalent) in Psychiatry of no less than 12 months. For GMC requirements regarding acceptable internships, please see: http://www.gmc-uk.org/doctors/registration_applications/img_plab_p3.asp
<input type="checkbox"/>	I have at least three years' experience working in Psychiatry in the last five years, including the last 12 months.
<input type="checkbox"/>	I have achieved a minimum overall score of 7.5 in the International English Language Testing System (IELTS) academic test within the last two years, and at least 7.0 in each category. For details of your local IELTS exam centre visit: http://www.ielts.org/test_takers_information/find_my_nearest_test_centre.aspx OR <input type="checkbox"/> I have Occupational English Test (medicine version) for doctors scored at a minimum 'B' in each domain to show I have the necessary knowledge of English to gain a licence to practise in the UK. https://www.occupationalenglishtest.org/test-information/healthcare-professions/medicine/
<input type="checkbox"/>	I have been engaged in at least 3 years of full-time clinical practice, including the last 12 months.

<input type="checkbox"/>	I am not a resident of the United Kingdom at the time of application and have no rights of residence, nor do I hold a passport of any of the UK, EU, EEA or Switzerland.
<input type="checkbox"/>	I have obtained, or am working towards, a postgraduate qualification in psychiatry. For internationally accepted Medical Institutions, please see: https://search.wdoms.org/
<input type="checkbox"/>	I have not previously made any unsuccessful attempts to register with the GMC (e.g. PLAB test) within the previous 12 months up to the point of the application. I have also not exceeded the GMC's limit on unsuccessful attempts at the PLAB test. If unsure, please see GMC website for clarification: http://www.gmc-uk.org/doctors/plab/23455.asp .
<input type="checkbox"/>	I have completed and included in my application the "Part 2" Form.
<input type="checkbox"/>	I have completed and included in my application the "Reference" Forms (please note 3 references are required).
<input type="checkbox"/>	I have completed and included in my application a letter of support from my current employer/institution.
<input type="checkbox"/>	I have completed and included in my application a letter of support from my National Psychiatric Association OR RCPsych International Division Chair from my region.
<input type="checkbox"/>	I have completed and included in my application a current copy of my CV/Resume.
<input type="checkbox"/>	I have completed and included in my application a copy of my current valid Passport (notary or embassy attested) with all details clearly legible.
<input type="checkbox"/>	I have completed and included in my application a copy of my qualifying and valid IELTS Academic Test or Occupational English Test Result Certificate.
<input type="checkbox"/>	I have completed and included in my application a copy of my Primary Medical Qualification Certificate from a recognised institution.
<input type="checkbox"/>	I have completed and included in my application a copy of my Postgraduate Qualification Certificate OR proof of current postgraduate training status.
<input type="checkbox"/>	I have understood that Doctors who have failed (and not subsequently passed) either part 1 or part 2 of the PLAB test or who have previously been turned down for sponsorship by an approved sponsor will not be considered as suitable candidates for the psychiatry fellowship sponsorship.

Please provide a handwritten statement (one page only) of why you are applying to the International Medical Fellowship in Psychiatry with Hertfordshire Partnership University NHS Foundation Trust.

I am applying to the International Medical Fellowship in Psychiatry with Hertfordshire Partnership University NHS Foundation Trust

Declaration

I confirm the information in this application is correct

Signature	
Date	

Once completed please return this form, along with the supporting documents to: hpft.medicalfellow@nhs.net.