

## International Medical Fellowship in Psychiatry

### Application Form – Part 2

To be completed by the applicant

#### 1. Personal Details

Surname (as shown in passport)	
First Names (as shown in passport)	
Current Home Address	
Email address	
Telephone number (including country code)	
Current Employer and Work Address	
Current Job Title and Grade	
Date of Birth (dd/mm/yyyy)	
Nationality	
Sex (Male or Female)	
Do you hold a passport for a country within the European Union or for Switzerland?	
Passport Number	
Passport Expiry Date	

## 2. Qualifications (scans of original certificates must be supplied)

### 2.1 Primary Medical Qualification

<p>Do you hold a Primary Medical Qualification currently recognised by the General Medical Council of the UK (GMC)? Please circle your answer and give details below.</p> <p>For GMC list of recognised qualifications, please see: <a href="http://www.gmc-uk.org/doctors/registration_applications/acceptable_primary_medical_qualification.asp">www.gmc-uk.org/doctors/registration_applications/acceptable_primary_medical_qualification.asp</a></p> <p>For internationally accepted Medical Institutions, please see: <a href="https://search.wdoms.org/">https://search.wdoms.org/</a></p>		<b>YES</b>	<b>NO</b>
<b>Qualification Title</b>			
<b>Date conferred</b>			
<b>University or Conferring Body</b>			
<b>Country of Qualification</b>			
<b>Date Passed Final Exam</b>			

### 2.2 Internship

<p>Have you completed an acceptable programme of practical training/internship (or equivalent) in Psychiatry of no less than 12 months? Please circle your answer and include details on the following page.</p> <p>For GMC requirements regarding acceptable internships, please see: <a href="http://www.gmc-uk.org/doctors/registration_applications/img_plab_p3.asp">http://www.gmc-uk.org/doctors/registration_applications/img_plab_p3.asp</a></p>		<b>YES</b>	<b>NO</b>
<b>Title/Role</b>			
<b>Institution</b>			
<b>Institution Address</b>			
<b>Start Date</b>			
<b>End Date</b>			

### 2.3 Experience

<p>Have you worked in Psychiatry for 3 out of the last 5 years, including the last 12 months? Please circle your answer and give details of your experience on the following page.</p>	<b>YES</b>	<b>NO</b>
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Please give details of your experience in the table below:

<b>Title of post/training</b> (Most Recent first)	<b>Start Date</b> (dd/mm/yyyy)	<b>End Date</b> (dd/mm/yyyy)	<b>Full-time or part-time?</b> (If part-time state number of hours per week)	<b>Institution                      Name</b>	<b>Institution                      Address</b>	<b>Specialty</b> (including subspecialty if appropriate)	<b>Description of                      duties/training</b>

## 2.4 Postgraduate Qualification

Have you obtained, or are working towards, a postgraduate qualification in Psychiatry? Please circle your answer and give details of your experience below.		YES	NO
Title			
Awarding Institution/Body			
Start Date			
End Date			

## 2.5 English Language Skills

<p>Have you provided a copy of your certificate to prove that you have passed the International English Language Testing System (IELTS) Academic Test with an overall score of at least 7.5, with at least 7.0 in every section? Please circle your answer and include details below.</p> <p>For the GMC's English language requirements, please see: <a href="http://www.gmc-uk.org/doctors/registration_applications/language_proficiency.asp">http://www.gmc-uk.org/doctors/registration_applications/language_proficiency.asp</a></p> <p>Alternatively, Occupational English Test (medicine version) for doctors who score at least a 'B' in each domain to show they have the necessary knowledge of English to gain a licence to practise in the UK.</p> <p>For the GMC's requirements, please see: <a href="https://www.occupationalenglishtest.org/test-information/healthcare-professions/medicine/">https://www.occupationalenglishtest.org/test-information/healthcare-professions/medicine/</a></p>		YES	NO
OET/IELTS Overall Band Score			
Listening Score			
Reading Score			
Writing Score			
Speaking Score			
Date of Test			
Test Report Form Number			

**2.6 GMC Registration Status**

Have you made any attempts to register with the GMC to date (e.g. PLAB test)? Please circle and give details below if applicable.		<b>YES</b>	<b>NO</b>
Date of Registration/Exam/Test			
Result			

**3. References**

Have you provided 3 references from Members/International Associates of RCPsych, or from members of the National Psychiatric Association in your own country? This refers to those provided in the "Reference" forms. Please circle and include details below.	<b>YES</b>	<b>NO</b>
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To be eligible for the International Medical Fellowship Psychiatry Scheme three individuals will need to provide a reference for you (see separate sheet – Reference Form).

**1<sup>st</sup> Referee:**

Name	
Job Title and Work Address	
Email address	
Phone number	
Relationship (tutor, clinical director, colleague etc)	

**2<sup>nd</sup> Referee:**

Name	
Job Title and Work Address	
Email address	
Phone number	
Relationship (tutor, clinical director, colleague etc)	

**3<sup>rd</sup> Referee:**

Name	
Job Title and Work Address	
Email address	
Phone number	
Relationship (tutor, clinical director, colleague etc)	

**4. Letters of Support**

**4.1 Current Employer/Institution**

Have you provided a letter of support from your current employer or institution? Please circle your answer and include details below.	<b>YES</b>	<b>NO</b>
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Name of Employer/Institution	
Name of Contact	

**4.2 National Psychiatric Association/Body etc.**

Have you provided a letter of support from your national psychiatric association? Please circle your answer and include details below.	<b>YES</b>	<b>NO</b>
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Name of National Psychiatric Association/Council etc.	
Name of Contact	

**5. CV/Resume**

Have you provided a current CV/Resume in Microsoft Word or Adobe .PDF format?	<b>YES</b>	<b>NO</b>
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**6. Handwritten Statement**

Have you provided a Handwritten Statement that details your reasons for applying to the International Medical Fellowship Scheme in Psychiatry (Part 1)?	<b>YES</b>	<b>NO</b>
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**7. Preferences - Subspecialty**

Do you have a preference for the Subspecialty you would like to work in initially? (Please note that this answer will be used as a guide, as subspecialties cannot be guaranteed)	<b>YES</b>	<b>NO</b>
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If Yes – please provide details	
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**8. Funding**

Will you receive any funding for your fellowship placement? Please circle your answer and include details below.	<b>YES</b>	<b>NO</b>
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If Yes – please provide details	
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**9. Declaration**

I confirm that this information in this application is correct.

<b>Signature</b>	
<b>Date</b>	

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