



SURGICAL CARE TEAM

Associate Application Form

Thank you for applying to become an Associate of the Royal College of Surgeons.

The grade of Associate is open to members of the surgical care team including:

- Surgical Care Practitioners
- Surgical First Assistant
- Physician Associates
- Advanced Nurse Practitioners
- Advanced Clinical Practitioners

CONTACT DETAILS

First name

Surname

Email address

Home address

Postcode

Contact number

CURRENT APPOINTMENT

Job title

Job role

Specialty

**Name of Hospital/
Educational Establishment**

QUALIFICATIONS

Please provide a certified copy of qualification

Name of qualification

Institution of study

Start date

Completion date

REGISTRATION BODY

Name of registration body
e.g. HCPC, NMC

Membership ID

Date of joining

REFEREE

FELLOW OF THE RCS

I, the undersigned, who are in the *bona fide* practice of surgery do hereby certify that:

Applicant name:

is, from his/her moral character and professional attainments, a fit professional and proper person to be associated with The Royal College of Surgeons of England, and, accordingly, recommend him/her to the Council of the said College to be awarded Associate status.

Name

Fellowship number

Email

Signature / Date

DD / MM / YY

APPLICATION CHECKLIST

Completed application form

Completed referees

Certified copy of qualification

Membership subscriptions and fees