Assessor - Application Form

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| --- |
| **Your details:**  |
| **Title** Prof [ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other [ ] ………….. | **Registration Number** |
| **Name** |
| **Email** |
| **Phone** |
| **Address for correspondence****Post code** |
|
|
| **Specialist Area** |
| **Present Employment (with grade)** |
| **Brief details of current/past involvement with training:**  |
| **Please enclose a brief CV listing any relevant assessor qualifications.** |
| **Signed:**  | **Date:**  |
| **Head of Department’s Signature :*****(In support of this application)*** |  |

|  |  |
| --- | --- |
| **IPEM OFFICE USE ONLY** | Approved by RCT YES/NO |
| Signature of RCT Chair | Date approved |

**PLEASE RETURN FORM TO:**

The Registrar

The Register of Clinical Technologists

Fairmount House

230 Tadcaster Road

York , YO24 1ES

Tel: 01904 550500

Fax: 01904 612279

Email: enquiries@theRCT.org.uk