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)*** | |  |

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| --- | --- |
| **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](mailto:enquiries@theRCT.org.uk)