



# ROYAL COLLEGE OF SURGEONS IN IRELAND

## RCSI FELLOWSHIP AD EUNDEM

### FORM A: APPLICATION FORM

**Proposal for Fellowship of the Royal College of Surgeons in Ireland**  
**(to be completed in type-print by applicant and emailed to [adeundem@rcsi.ie](mailto:adeundem@rcsi.ie))**

Fellowship is a demonstration of commitment to the College and an acknowledgement of an individual's contribution to the surgical profession, its standards and practice. Fellowship Ad Eundem of the College is offered to surgeons who, in the opinion of the College, have reached a standard of professional qualification and professional practice equivalent to that required for the Fellowship by examination of RCSI. It is a privilege earned through hard work and a commitment to excellence.

#### PERSONAL DETAILS

Title:

Date of Birth:

First Names:

Last Names:

Gender: Male  Female

Nationality:

IMC number (if held):

#### CONTACT DETAILS

Home Address:

Home Email address:

Home Phone number:

Work Address:

Work Email address:

Work Phone number:

Preferred place of contact: Home  Work

#### QUALIFICATIONS

Primary Qualification:

Date Awarded:

Name of awarding institution/College:

Country:

Higher Surgical examinations/qualification(s) (please list):

Date awarded:

Fellowship of any other Colleges (please list):

Date of admission:

**CURRENT EMPLOYMENT**

Place of Employment:

Job Title:

Specialty:

Date Appointed:

Full-time Part-time 

Description of Role:

**PAST EMPLOYMENT**

Place of Employment:

Job Title:

Specialty:

Date Appointed:

Full-time Part-time 

Description of Role:

**PERSONAL STATEMENT**

Briefly outline your reason for wishing to become a Fellow of the RCSI.

State what activities (if any) you have already undertaken on behalf of the RCSI and state what activities would be undertaken on behalf of the RCSI if this nomination is successful.

Have you applied for Fellowship Ad Eundem of RCSI Before? Yes No

If yes, please state when:

If yes, please clarify what changes you have made to your application since previously submitted:

## DECLARATION

Are you aware of any disciplinary or other issue which may affect registration by the Irish Medical Council (or equivalent body in the country where you work or have worked) (please tick appropriate)

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have attached my CV