

APPLICATION FORM

INTERNATIONAL DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE

## Please complete all sections of this form. Incomplete or unsigned forms cannot be processed and will be returned. If you require further information, please email expedition@rcpsg.ac.uk or phone 0141 221 6072.

Please return your completed form to: **expedition@rcpsg.ac.uk**

All Information we hold concerning you as an individual will be held and processed by the College strictly in accordance with the provisions of the General Data Protection Regulation (2018). We will not, without your consent, supply your name and address to any third party except where (1) such transfer is a necessary part of the activities that we undertake, including the provision of library services (if applicable) or (2) we are required to do so by operation of law. As an individual you have a right under the General Data Protection Regulation (2018) to obtain information from us, including a description of the data that we hold on you. Should you have any enquiries about this right please contact the College Data Protection Officer at gdpr@rcpsg.ac.uk.

|  |
| --- |
| **PART A | PERSONAL DETAILS** |
| **Title** |  | **Date of birth** |  |
| **Family name** |  | **RCPSG PID No.****(if applicable)** |  |
| **Forename(s)** |  | **Profession** |  |
| **Nationality** |  | **Ethnic group** |  |
| **Next of kin name** |  | **Next of kin phone/email** |  |
| **Gender** |  |  | Male |  | Female | Other |  |  | Prefer not to say |
|  |  |  |  |  |
| **HOME ADDRESS AND CONTACT DETAILS** |  |  | **WORK ADDRESS AND CONTACT DETAILS** |
|  |  |
| **Address** |  | **Address** |  |
| **Postcode/Zip** |  | **Postcode/Zip** |  |
| **Country** |  | **Country** |  |
| **Telephone** |  | **Telephone** |  |
| **Mobile** |  | **Mobile** |  |
| **Email** |  | **Email** |  |
| **Preferred contact** |  |  | Home |  | Work |  |  |  |  |  |

**PART B | QUALIFICATIONS AND TRAINING**

Please list your professional qualifications. Please ensure you provide photocopies of your qualifications with your application form. Your application form cannot be processed without evidence of your qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of awarding institution/college** | **Dates attended** | **Degree/Diploma** | **Main subjects** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PART C | EMPLOYMENT AND EXPERIENCE**

Please provide details of current and previous employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Current job title** |  | **Date of commencement** |  |
| **Employer’s name** |  |
| **Employer’s****address** |  |
| **Employer’s email** |  | **Employer’s phone** |  |
| **Please provide a description of your main responsibilities** |  |

Please provide a summary of previous employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** | **Dates employed** | **Name of employer** | **Main responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Experience

**Please list your expedition and developing world travel**

**experience to date**

|  |
| --- |
|  **PART D | COURSE BENEFITS TO YOU**  |
| **Please indicate why you want****to undertake this course and how you think it will benefit****you in the future** |

###  PART E | CHECKLIST AND DECLARATION

Please ensure you have provided all relevant information and supplementary documentation before submitting your application:

* All sections of form completed  Photocopies of professional/academic qualifications enclosed
* Two passport photos enclosed  Two confidential references (please use the referee report form provided with this application form)

Please indicate how you wish to fund this course:

* Self funding  Company paying  Other (please specify):

..........................................................

I confirm that the information provided on this form is correct and that the documentation supplied with my application is genuine

I understand that a good degree of physical fitness is required to undertake some of the activities on this course (if you have any concerns in this respect, please contact the course administrator to discuss)

I understand that the Diploma will require a significant time commitment, and am aware of the key dates and deadlines for residential weeks and assignments throughout Part 1 of the course

Signature ………………………………………………………………………………….. Date ………………………………………………

REFEREE REPORT 1

POSTGRADUATE DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE

The applicant named below has indicated their intention to apply for the postgraduate diploma in expedition and wilderness medicine. You have been named as a referee. In order to complete their application, please complete this referee report and return it to the applicant. Further information about the course is available at <http://rcp.sg/expedmed> or by contacting expedition@rcpsg.ac.uk

# To be completed by REFEREE of INTERNATIONAL DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE APPLICANT

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **REFEREE DETAILS** |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **Postcode/zip** |  |
| **Email address** |  |
| **Relationship to****applicant** |  |
| **How long have you****known the** **applicant?**  |  |

**Please rate the applicant on the following points**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Very good** | **Good** | **Poor** |
| **Ability to organise own****work** |   |
| **Ability to formulate thoughts and ideas** |   |
| **Motivation and enthusiasm** |   |

**Referee report: Please include, preferably on headed notepaper: a brief summary regarding the applicant’s suitability to undertake the above course**

**Please return this sheet and your referee report in PDF format to the student to be included within the application. Thank you.**

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REFEREE REPORT 2

POSTGRADUATE DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE

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# To be completed by REFEREE of INTERNATIONAL DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE APPLICANT

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **REFEREE DETAILS** |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **Postcode/zip****Email address** |  |
|  |
| **Relationship to****applicant** |  |
| **How long have you****known the****applicant?** |  |

**Please rate the applicant on the following points**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Very good** | **Good** | **Poor** |
| **Ability to organise own****work** |   |
| **Ability to formulate thoughts and ideas** |   |
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