



## APPLICATION FORM

### POSTGRADUATE DIPLOMA IN EXPEDITION AND WILDERNESS MEDICINE

Please print your answers clearly using a black or blue pen. Please complete all sections of this form. Incomplete or unsigned forms cannot be processed and will be returned. If you require further information, please visit our website [www.rcpsg.ac.uk](http://www.rcpsg.ac.uk) or call Lesley Haldane on 0141 221 6072 or email [lesley.haldane@rcpsg.ac.uk](mailto:lesley.haldane@rcpsg.ac.uk).

Please return your completed form to: **Travel Medicine Administrator, Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow G2 5RJ, UK.**

All Information concerning you as an individual will be held and processed by the College strictly in accordance with the provisions of the Data Protection Act 1998. Such data will be used by the College to administer its relationship with you as a Fellow or Member. 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 Data Protection Act 1998 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 Membership Services Administrator at the College.

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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> 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	<input type="checkbox"/> Home <input type="checkbox"/> Work
Preferred means of communication	<input type="checkbox"/> Letter <input type="checkbox"/> Email

### 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

<b>Current job title</b>		<b>Date of commencement</b>	
<b>Employer's name</b>			
<b>Employer's address</b>			
<b>Employer's email</b>		<b>Employer's phone</b>	
<b>Please provide a description of your main responsibilities</b>			

Please provide a summary of previous employment

<b>Job title</b>	<b>Dates employed</b>	<b>Name of employer</b>	<b>Main responsibilities</b>

Experience

<b>Please list your expedition and developing world travel experience to date</b>	
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**PART D | COURSE BENEFITS TO YOU**

<b>Please indicate why you want to undertake this course and how you think it will benefit you in the future</b>	
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**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
- Two passport photos enclosed
- Photocopies of professional/academic qualifications enclosed
- Two confidential references provided in sealed envelope (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)

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 in the sealed envelope provided. Further information about the course is available at <http://rcp.sg/expedmed> or by contacting [lesley.haldane@rcpsg.ac.uk](mailto:lesley.haldane@rcpsg.ac.uk)

#### To be completed by REFEREE of POSTGRADUATE 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to formulate thoughts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please place this sheet and your referee report into the envelope provided, seal it and return it to the applicant.

Thank you.



## REFEREE REPORT 2

### 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 in the sealed envelope provided. Further information about the course is available at <http://rcp.sg/expedmed> or by contacting [lesley.haldane@rcpsg.ac.uk](mailto:lesley.haldane@rcpsg.ac.uk)

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to formulate thoughts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Thank you.