**Application for RCPath Consulting Deputy Clinical Lead**

#### Section A: Personal details

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| --- |
| **Position applied for: RCPath Consulting Deputy Clinical Lead** |
| Title (Mr/Mrs/Miss/Ms/Dr/Prof/Other): |
| Surname:  |
| Forenames:  |
| Contact details |
| Address for correspondence: |
|  |
|  |
|  |
|  |
| Post code: |
| Telephone no (home):  |
| Telephone no (work): Ext: |
| Mobile no:   |
| Email:  |
|  |
| Specialty: |

**Section B: Personal statement**

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| Statement in support of your application |
| The deputy lead job description gives details of the post. The person specification states the minimum skills, knowledge and experience required to be selected for interview. The shortlisting panel will expect to see relevant examples of how you meet all the essential requirements listed in the person specification. Please use an additional sheet if necessary.  |

Please indicate how you learned of the role.

…………………….……………………………….…………………………..………………………..

**Section C: References**

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| Please provide two referees who we may contact. Referees will only be contacted once permission has been given to do so. References will form a key part of the process. |
| Name: | Name: |
| Referee Job Title: | Referee Job Title: |
| Organisation: | Organisation: |
| Address: | Address: |
| Phone: | Phone: |
| Mobile: | Mobile: |
| Email: | Email: |
| Relationship with you: | Relationship with you: |
| Dates Employed (if applicable): | Dates Employed (if applicable): |

I consent to the processing by the College of the information contained in this form, by any means, for the purposes of my application for employment with the College.

I certify that the information provided is correct and agree that if my application is successful it should form part of the basis of my employment with the College. I understand and agree that any misrepresentation by me on this application form and/or any other information I have supplied in connection with my application will be sufficient cause for cancellation of the application and/or termination from the College’s service if I have been employed. The College reserves the right to verify information and seek information from other sources.

#### Signed …………………………………………………… Date ………………………..

**Application process**

Applications must include:

* this completed application form in Word format
* a full curriculum Vitae

Applications must be sent to:

Fiona Addiscott

Business Administration Officer

The Royal College of Pathologists

rcpathconsulting@rcpath.org

The closing date for applications is **9:00am** on **Monday 29 July 2024.**

Interviews will be held on **Thursday 5 and Friday 6 September via Teams.**