**Consultant Obstetrician Peer Reviewer**

**APPLICATION FORM**

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|  | Your personal details | | |  |
|  | Title: |  |  | |
| Forename(s): |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Contact number(s) |  |
| Email address: |  |
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| **Professional qualifications:**   |  | | --- | | **Professional Registration: GMC Registration Number:** | | **Relevant professional qualifications attained and other relevant training:**  \*as a minimum, please include MB ChB or equivalent, any post graduate/specialist qualifications, if you are a member of the Royal College of Obstetricians and Gynaecologists and any relevant training completed (for example, Safeguarding, DoLs, MCA, Equality & Diversity, Infection Control).   |  |  |  | | --- | --- | --- | | **Qualification** | **Date attained** | **Awarding Body** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **Job history:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Please provide details of your current or most recent role.**   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  |   **Please provide brief details of your previous roles**   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **Supporting Evidence** (no more than 300 words per question)**:**   |  | | --- | | **Please provide an example that demonstrates your clinical professional experience.**  (i.e. your experience within: clinical setting, clinical and professional standards, clinical governance, service development and leadership within healthcare) |  |  | | --- | | **Please provide an example of a time when you have delivered challenging feedback to Peers and more senior staff** |  |  | | --- | | **Please give an example of how you deliver safe, compassionate and patient centred care within your area of practice:** |  |  | | --- | | **Please provide an example of when you have reviewed patient records and made an assessment on their quality, and addressed any issues found:** |  |  | | --- | | **Please give an example of when you have worked as part of a team to review patient care:** | |

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| **How did you hear about this vacancy?** | |
| Please provide details here: |  |
| **What is your preferred language for communicating with HIW?**  (e.g. verbally or in writing) – place an x in the box.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Welsh** |  | **English** |  | **Welsh and English** |  | |  | | | | | | | |

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| **Personal Data**  Your privacy is important to the Healthcare Inspectorate Wales as part of the Welsh Government and in line with General Data Protection Regulations (GDPR) we have developed a Privacy Notice that covers why we collect and use your information.  Our Privacy Notice can be found at: <http://hiw.org.uk/terms_and_conditions/privacynotice/> |

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| Once complete, please submit via email to [HIWInspections@gov.wales](mailto:HIWInspections@gov.wales)  ….Thank you |