



**About the applicant's English proficiency**

Does the doctor have the knowledge of English necessary to practise in the UK?

Yes

No

If you have answered no, please provide reasons

### Speaking skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Case presentations	
<input type="checkbox"/>	Presentations	
<input type="checkbox"/>	Ward rounds	
<input type="checkbox"/>	Other	

### Listening skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Attendance at lectures/presentations	
<input type="checkbox"/>	Participation in case conferences	
<input type="checkbox"/>	Discussions with patients and colleagues	
<input type="checkbox"/>	Effective taking of patient histories	
<input type="checkbox"/>	Morbidity and mortality meetings	
<input type="checkbox"/>	Other	

This form was last updated on 12 April 2011

Please make sure that you are using the most up-to-date version of the form.  
Telephone us on 0161 923 6602 (or +44 161 923 6602 if calling from outside the UK)

### Writing skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Operation reports	
<input type="checkbox"/>	Ward round reports	
<input type="checkbox"/>	Journal articles	
<input type="checkbox"/>	Patient notes	
<input type="checkbox"/>	Article reviews	
<input type="checkbox"/>	Other	

### Reading skills

Please tick which evidence you have witnessed **and explain** how the applicant has demonstrated their proficiency in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<input type="checkbox"/>	Presentations at journal clubs	
<input type="checkbox"/>	Summaries of journal articles	
<input type="checkbox"/>	Clinical research	
<input type="checkbox"/>	Other	

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		

This form was last updated on 12 April 2011

Please make sure that you are using the most up-to-date version of the form.  
Telephone us on 0161 923 6602 (or +44 161 923 6602 if calling from outside the UK)