

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 13 August 2015

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	

Declaration

The information I have provided in my application is correct and true.

I agree to the GMC to carry out checks on its behalf, making any necessary checks to verify the information I have given

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and to the recipient of any enquiries providing the information requested.

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

Name and address of organisation	Official stamp
<input type="text"/>	<input type="text"/>