

## RSQ structured report form

To be filled in by APPLICANT

Applicant's name	<input type="text"/>
Applicant's GMC reference number	<input type="text"/>
Speciality you are applying for	<input type="text"/>

To be filled in by REFEREE

Please complete **all** the parts and sign the declaration at the end.

You are encouraged to discuss your report with the applicant. Once you have completed the form please send it back to the applicant.

Once we receive the applicant's application the GMC will contact you to verify the reference to confirm it is true and accurate

- If you are registered with the GMC will contact you via your registered e-mail. You should make sure your e-mail is up to date. You can do this by checking your details in your GMC Online account.
- If you are not registered with the GMC we will contact you via your workplace/ professional e-mail. If you use a webmail address (yahoo, Hotmail, gmail etc) for work we may ask for additional information to verify your place of work.

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### Part A – details of the applicant, the post and the reporting consultant

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#### About the post

The title of the applicant's post (for example: Senior House Officer, Registrar, locum consultant)

Specialty

Name and address of hospital where the applicant was / is employed

Period of employment

From

       

To- (leave blank if currently in post)

       

This post was (please tick)

full time

part time

Hours of clinical practice per week

Please provide a detailed job description and list of the applicant's duties during this post.

## Your details

Your name	<input type="text"/>
Your GMC reference number	<input type="text"/>
Your job title	<input type="text"/>
If you are not still currently employed at the same hospital where you supervised the applicant please confirm when you left that post, and where you are currently employed (including the organisation's address)	<input type="text"/>
Period of your supervision / time worked together	
From	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
To	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Did you have direct contact with the applicant throughout the above period?	yes <input type="checkbox"/> no <input type="checkbox"/>
Are you related to the applicant?	yes <input type="checkbox"/> no <input type="checkbox"/>
If yes please state the relationship (for example: 'father')	<input type="text"/>

## Part B – your reference

Please provide a detailed assessment of the applicant's performance, including specific examples for each of the questions outlined below.

1. Please describe how the applicant has demonstrated the knowledge, skills and experience of a specialist/GP in this post. (You may wish to refer to the high level learning outcomes in the [GMC CCT Curricula](#)).

2. If the applicant no longer works in the specialty they were awarded their Specialist/GP qualification, please confirm how their current practice is relevant to the specialty they are applying in.

3. Please provide any direct observations/knowledge of the applicant keeping up to date with their specialty. For example: CPD, research, courses/conferences attended

4. Do you support the doctor's application for entry onto the specialist / GP register      yes       no

If 'no', please provide comments

## Your contact details

Email address

We will contact you on your registered e-mail if you are registered with the GMC

If you are NOT registered with the GMC enter your work profession e-mail below. This should be an official work email address not a webmail address such as yahoo, hotmail or gmail. .

Telephone number

This should be an official work telephone number, **not** a personal home telephone number.

Website address for the organisation (if applicable)

## Declaration

I confirm that the information that I have given is true and accurate to the best of my knowledge

(please tick)

Signature (please write name if filling in electronically)

Date

D	D	M	M	Y	Y	Y	Y
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