

Tips for completing the Pro-forma

I'm an applicant

1. Complete parts 01-03 of the pro-forma. Once you've done this send it to your verifier to complete parts 04-05.
2. Your evidence must be verified by someone in a medical supervisory position who works at the hospital where the training/experience took place.
3. Please make sure that the verifier you choose will be contactable six months from your application submission date.
4. The verifier must be able to confirm that it is a true and accurate record.
5. You must complete a separate pro-forma for each verifier.
6. You must complete a separate pro-forma for each hospital/institution – only one is required for each hospital/institution.
7. We will only accept copies of your evidence not the original documents.
8. The evidence you list on the pro-forma must be submitted by divider section not by verifier or hospital/institution.
9. Submit your evidence with the completed pro-forma at the top of your bundle.

I'm a verifier

1. Complete parts 04-05 of the pro-forma.
2. Work through the '03 Index of evidence' table and check that the evidence matches the hospital/institution you worked together at.
3. Where necessary check either your own records or the hospital/institutions' to satisfy the evidence provided is an accurate record.
4. Check the evidence description matches what's in the bundle.
5. Check the number of pages matches what's in the bundle.
6. Read the declaration and type your name and date to attest to the accuracy and authenticity of the pro-forma and evidence bundle.
7. Keep a copy of the pro-forma for your records.
8. You will receive an email from a member of the Specialist Applications team within a week of us receiving the doctor's application. This is to confirm you are the doctor's verifier.
9. We may contact you again with a sample of evidence from the doctor's bundle – this could take around three months so it's important you'll be available in the future. We will ask you to confirm that this is the evidence that you checked and signed off on the pro-forma.

Pro-forma for verified evidence

Parts 01-03: to be completed by the applicant

01 Applicant details

Our guidance for applicants is available to view [here](#)

Full name:							
GMC reference number:							

02 Hospital/Institution details

Important: this is where your evidence is from, please use *one pro-forma per hospital/institution*. If you're unsure please contact us.

Full name of hospital/institution evidence relates to:	
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03 Index of evidence

Important: evidence *must* be anonymised in line with our [guidance](#)

If you aren't providing one of the types of evidence listed below from this institution, please leave that section blank.

Evidence name	Description of document	Type of document	Date of document	Total number of pages
Examples are given in grey italics for each piece of evidence, please type over these or delete if not included in your evidence.				
For the page total, if a document is double-sided, please include both sides in your total.				
Curriculum or syllabus (if undertaken outside the UK)				
Appraisals and assessments				

RITAs, ARCPs and training assessments				
Logbooks				
Consolidation, cumulative data sheets, summary lists and annual caseload statistics				
Medical reports				
Case histories				
Referral letters				
Patient lists				
Departmental (or trust) workload statistics and annual caseload statistics				
Rotas, timetables and job plans				
Employment letters and contracts of employment				
Job descriptions				
Job plans				
Research papers, grants, patent designs				
Publications within specialty field (if not available online)				
Presentations				

Membership of professional bodies and organisations				
Teaching timetables				
Lectures				
Feedback or evaluation forms from those taught				
Letters from colleagues				
Participation in assessment or appraisal and appointments processes				
Audits				
Service Improvement and clinical governance meetings				
Communication with colleagues				
Working in multidisciplinary teams				
Management and leadership experience				
Chairing meetings and leading projects				

Parts 04-05 to be completed by the verifier

04 Verifier details

Important: If you're GMC registered, please provide your GMC registered email address as we'll contact you on this. If you're not GMC registered please provide a professional/work email address.

Full name:							
Job title:							
GMC reference number (if applicable):							
GMC registered email address:	<i>You must use your GMC registered email address</i>						
Professional/work email address:	<i>Only fill this in if you're not GMC registered</i>						

05 Verifier declaration

By typing your name and dating you are confirming that you:

- know the applicant named in box 01.
- work in a medical supervisory position at the hospital/institution named in box 02
- have reviewed all the documents listed in the 'Index of evidence' in box 03.
- attest to the authenticity and accuracy of all the evidence listed in box 03.
- have read and understand the **verifier guidance**.
- agree to be contacted by the General Medical Council to verify the applicant's evidence further.

Signature: *Type your name here*

Date (DD/MM/YY):						
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Note to applicant: Once you've completed your part of the form, email it to your chosen verifier.