**Application to join Surgical Specialty Board:**

**Referee Declaration Form**

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| **Applicant’s name** |       |
| **Name of SSB** |  |

**Referee details - to be completed by the Referee:**

|  |  |
| --- | --- |
| **Proposer’s name** |       |
| **Email address** |       |

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| --- | --- |
| I have known the Applicant in a professional capacity for at least 12 months. | [ ] Yes[ ] No |
| I support the application of the above-named person for appointment to a RCSEd Surgical Specialty Board.  | [ ] Yes[ ] No |

|  |  |
| --- | --- |
| **Signature** |       |
| **Date** |       |

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| If you wish to provide reasons for your support of this applicant, please add comments below. |
|       |

PLEASE RETURN COMPLETED FORM BY EMAIL TO committeeadministrator@rcsed.ac.uk