**Application to join Surgical Specialty Board:**

**Referee Declaration Form**

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

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

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

|  |  |
| --- | --- |
| 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** |  |

|  |
| --- |
| 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](mailto:committeeadministrator@rcsed.ac.uk)