# **application form for membership with LRDP P1**

*Please read carefully and check that you have completed the application form in full and email to* ***carol.hornsey@lrdp.org.uk*** *along with* ***copies of all*** *the documents required.*

## **personal details**

|  |  |
| --- | --- |
| Title: Dr / Mr / Mrs / Miss / Other  | Gender: Male / Female / Other  |
| First Name:  | Middle name (s): |
| Other name (s): | Surname (family name): |
| Date of Birth: | Country of Birth: |
| Male/Female/prefer not to say: | Marital status:  |
| Address Line 1: | Address Line 2: |
| Town / City: | Post Code: |
| Telephone no: | Mobile no:  |
| Email address:  |
| First Language / Mother tongue: | Other spoken languages: |
| **Specialty (including General Practice):**  |

Immigration details:

Asylum Seeker Refugee Other – please state ……………………...

Date of arrival in the UK (day / month / year) ………. / ………. / ……….

Do you have permission to work in the UK? Yes No

National Insurance No (if applicable): ………………………………………………………………………………

Have you applied to Lincolnshire Refugee Doctor Project before? Yes No

Are you or have you ever been, a member of any other UK organisations that support Refugee Doctors to gain GMC Registration?

 Yes No

Have you applied to any other UK organisations that support Refugee Doctors to gain GMC Registration?

 Yes No

Do you agree, when legally allowed to and with the support of LRDP, to move to the Greater Lincolnshire area?

 Yes No

## **Documents required:**

Please ensure you have enclosed the following documents for us to process your initial application:

1. If not already provided an updated CV to include the following information:
	1. Your medical degree, university, date of qualification
	2. Further degree qualification
	3. Details of your Internship
	4. Specialist training completed
	5. Any other Medical experience
	6. Membership of professional bodies, particularly in the UK or European countries
	7. Your immigration status (particularly leave to remain and permission to work)
	8. Previous attempts to pass IELTS/OET
	9. Previous attempts to pass PLAB
	10. Previous membership of other Refugee Health Professional Programmes in the UK
	11. Membership of the BMA Refugee Doctor initiative
2. Copy of your Professional Qualifications, including any taken in the UK (plus English translation if not in English)
3. Copy of internship details
4. Copy of your home office letter and BRP card
5. Copy of your IELTS or OET Certificate (if taken)
6. Copy of your PLAB letter (s) (if taken)
7. Certificate of Good Standing (if applicable)

**All documentation must be in one of the following formats word, pdf, jpeg. We cannot accept documentation in any other formats and they cannot be shared by OneDrive or other cloud storage.**

**Also please ensure they are labelled in English and describe clearly what they are.**

**Failure to do this will delay processing of your application**

How did you hear about Lincolnshire Refugee Doctor Project?

………………………………………………………………………………………………………………………………

By signing this form, you give us permission to store your details on our files, to be used in accordance with the Data Protection Acts 1988, 1998, 2003 and 2018.

Signature: ………………………………………………………… Date: ……………………………………………….

Print Full Name: …………………………………………………………………

Please email to carol.hornsey@lrdp.org.uk along with all of the requested documents, ensuring that they are in the specified format.