

## Certificate of Readiness to Enter Specialty Training 2021

### ***Instructions to applicants:***

1. This certificate can only be signed by a Consultant or equivalent. For the purposes of this documentation, Consultant includes General Practitioners, Clinical Directors, Medical Superintendents, Academic Professors, and locum Consultants with a CCT/CESR and who are on the specialist register.
2. Consultants are only eligible to sign this certificate if they have worked with you for a minimum continuous period of three months whole-time equivalent wholly within the 3.5 years prior to the advertised post start date for which you are applying.
3. If your signatory is registered with any medical regulatory authority other than the GMC, then you should also make sure they submit **current** evidence of their registration with that authority. A certified translation should be included if this is not in English. Historic registration with the GMC will not be accepted. *Failure to provide this will result in you, the applicant, being rejected.*
4. You should not use a signatory with whom you have a close personal relationship.
5. You must be rated as demonstrated for each and every professional capability listed on this certificate. If you cannot demonstrate that you have achieved all your professional capabilities in one post, you may submit additional evidence to the signatory who, if they agree that it demonstrates capability may accept it in lieu of direct observation. If you cannot demonstrate each and every professional capability, you will not be eligible for Specialty Training at ST1 or CT1 level. Should your signatory select 'unable to confirm' for any of the competencies, you will not be eligible for Specialty Training.
6. If you have ever started but not satisfactorily completed a UKFPO-appointed 2-year Foundation programme or FY2 standalone post, then you should **not** use this form. Instead, you should approach the Foundation School Director where your previous training took place and either request to return to complete that training or provide such evidence as they request then ask the Dean of that area to complete and sign the proforma available on the resource bank.
7. The certificate **MUST** be complete in every detail, including details about the person completing it for you. Incomplete certificates may lead to your application being deemed ineligible for that recruitment round. It is strongly recommended that you check the form after your signatory has completed it using the attached checklist.
8. Please see Oriel resource bank for further information on completion of this form <https://www.oriel.nhs.uk/Web/>.
9. You must then scan, upload and attach it (as **one** single document) to your application form before submission. It is your sole responsibility to ensure that the CREST form is satisfactorily completed **in full** prior to submission.
10. Because of changes to the process, **only the 2021 version of this form will be accepted.**
11. The form will remain valid for future rounds of application provided that those conditions still apply to the new intended start date.

***Please note that making a false declaration in this form will result in any offer of a training post being withdrawn and consideration being given to you being referred to the GMC***

<b>Applicant Name</b>	To be completed by Applicant		
<b>Applicant GMC No</b>	To be completed by Applicant		
<b>Posts:</b> Please complete the table below to document the posts from which you have used evidence to complete this form.			
<b>Role/Job Title</b>	<b>Employer Name</b>	<b>Post Start Date</b>	<b>Post End Date</b>
<b>Applicant declaration</b>	I confirm that I have attained all of the professional capabilities signed off in this form and that I have worked for the consultant who has completed this certificate for a minimum continuous period of three months whole time equivalent within the three and a half years prior to the advertised post start date for which I am applying.		
<b>Applicant declaration</b>	I can confirm I follow the guidance in Good Medical Practice (or equivalent) relating to prescribing for self, friends or family		
<b>Applicant declaration</b>	I confirm that I am not related to, or in a relationship with the signatory of this form		
<b>Applicant Signature</b>	To be signed by applicant		

		Please select one box for each capability. Do not group capabilities together.		
<b>Section 1:</b> <b>Professional behaviour and trust</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]		<b>Personally witnessed</b>	<b>Evidence received*</b>	<b>Unable to confirm</b>
<b>1.1 Professional behaviour</b>	Acts in accordance with GMC guidance (or equivalent) in all interactions with patients, relatives/carers and colleagues; acts as a role model for other healthcare workers; acts as a responsible employee; AND complies with local and national requirements e.g. completing mandatory training, engaging in appraisal and assessment.			
<b>1.2 Personal organisation</b>	Attends on time for all duties, clinical commitments and teaching sessions; supervises, supports and organises others to ensure appropriate prioritisation, timely delivery of care and completion of work, including handover of care; AND delegates or seeks assistance when required to ensure that all tasks are completed			
<b>Verifying consultant's signature confirming details above: Must be signed</b>		Tick one box per professional capability		
<b>Applicants name:</b>	<b>Must be completed</b>			

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		Please select one box for each capability. Do not group capabilities together.		
Section 1: Professional behaviour and trust [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>1.3 Personal responsibility</b>	Takes personal responsibility for clinical decisions, is able to justify actions, accepts responsibility for any personal errors and takes suitable action e.g: seeking senior advice, apologising, making appropriate records and notifications			
<b>1.4 Patient centred care</b>	Considers the patient as a whole, respecting their personal circumstances, dignity, autonomy, individual healthcare decisions, and right to privacy; works with patients and colleagues to develop individual care plans; respects patients' right to refuse treatment and/or to decline involvement in research projects	Tick one box per professional capability		
<b>1.5 Trust</b>	Acts with empathy, honesty and sensitivity in a non-confrontational manner; discusses management options with patients; responds to patient's ideas, concerns and expectations; encourages patients to make informed decisions; AND recognises patients' expertise and helps them to acquire knowledge of their condition			
<b>1.6 Consent</b>	Competently performs the core procedures, as mandated by the GMC ( <a href="http://www.gmc-uk.org/education/postgraduate/F1_outcomes_core_skills.asp">http://www.gmc-uk.org/education/postgraduate/F1_outcomes_core_skills.asp</a> ); obtains valid consent for those procedures by giving each patient the information they want and need in a way they can understand; demonstrates understanding of the principle of involving children in the decision-making process when they are able to understand and consider the options			
<b>1.7 Ethical and legal requirements</b>	Practises in accordance with guidance from the GMC or equivalent, relevant legislation and national and local guidelines; demonstrates understanding of the risks of legal and disciplinary action if a doctor fails to achieve the necessary standards of practice and care; AND completes statutory documentation correctly e.g. death certificates			
<b>1.8 Confidentiality</b>	Describes and applies the principles of confidentiality in accordance with GMC guidance or equivalent and local information governance standards; follows GMC (or equivalent) guidance on the use of social media; AND describes when confidential information may be shared with appropriate third parties e.g. police			
<b>1.9 Mental capacity</b>	Performs mental state examination and assessment of cognition and capacity where appropriate; demonstrates understanding that there are situations when it is appropriate for others to make decisions on behalf of patients; AND demonstrates understanding that treatment may be provided against a patient's expressed wishes in certain defined circumstances			
<b>1.10 Protection of vulnerable groups</b>	Demonstrates understanding of the principles of safeguarding children and vulnerable adults; AND manages situations where safeguarding concerns may exist			
<b>1.11 Self-directed learning</b>	Acts to keep abreast of educational / training requirements; demonstrates change and improvement in practice as a result of reflection on personal experience and feedback; AND Identifies and addresses own learning needs			
<b>Verifying consultant's signature confirming details above: Must be signed</b>				
<b>Applicants name:</b>	<b>Must be completed</b>	<b>Date of completion:</b>	<b>Must be completed</b>	

		Please select one box for each capability. Do not group capabilities together.		
Section 1 continued: Professional behaviour and trust [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
1.12 Teaching and assessment	Demonstrates improvement in teaching skills as a result of seeking, accepting and reflecting on feedback from learners and supervisors; AND provides constructive feedback to other health professionals			
<b>Section 2: Communication, team-working and leadership</b>		Tick one box per professional capability		
2.1 Communication with patients, relatives + carers	Introduces themselves to patient/carer/relative stating name and role; communicates clearly, politely, considerately, with understanding and empathy; ensures sufficient time and appropriate environment for communication; provides the necessary / desired information; AND communicates complex information clearly			
2.2 Communication with patients	Checks patients' understanding of options and supports patients in interpreting information and evidence relevant to their condition; AND responds to patients' queries or concerns			
2.3 Communication in challenging circumstances	Uses appropriate styles of communication; breaks bad news compassionately and supportively; AND manages three-way consultations e.g. with an interpreter, using sign language, or with a child patient and their family/carers			
2.4 Complaints	Acts to prevent/mitigate and minimise distress in situations which might lead to complaint or dissatisfaction; AND deals appropriately with angry/distressed/dissatisfied patients/carers and seeks assistance as appropriate			
2.5 Patient Records	Maintains accurate, legible and contemporaneous patient records AND ensures that entries are signed and dated			
2.6 Working with other healthcare professionals	Works effectively within the wider healthcare team for the benefit of patient care; makes clear, concise and timely written and oral referrals to other healthcare professionals; AND produces timely, legible discharge summaries or outpatient letters that identify principle diagnoses, key treatments/interventions, medication and follow-up arrangements			
2.7 Continuity of care	Allocates and prioritises tasks during handover; anticipates and identifies problems for the next clinical team/shift; AND takes pre-emptive action where required			
2.8 Interaction with colleagues	Demonstrates initiative e.g. by recognising work pressures on others, providing support and organising / allocating work to optimise effectiveness within the clinical team			
2.9 Leadership	Knows the organisational structures and chains of responsibility and principles of line management in medical and non-medical staff; demonstrates extended leadership role within the team by making decisions and taking responsibility for managing complex situations across a range of clinical and non-clinical situations; AND supervises and supports team members, delegating tasks appropriately, directing patient review, organising handover			
<b>Verifying consultant's signature confirming details above: Must be signed</b>				
Applicants name:	Must be completed	Date of completion:	Must be completed	

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		Please select one box for each capability. Do not group capabilities together.		
Section 3: Clinical Care [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>3.1 Recognition of acute illness</b>	Responds promptly to notification of deterioration or concern regarding a patient's condition; prioritises tasks according to clinical urgency AND reviews / reassesses patients in a timely manner			
<b>3.2 Assessment of the acutely unwell patient</b>	Performs rapid, focused assessment of illness severity including physiological monitoring and considering mental health aspects; AND performs prompt, rapid, focused assessment of the patient who presents an acute risk to themselves or to others in the context of mental disorder, incapacity or incompetence	Tick one box per professional capability		
<b>3.3 Immediate management of the acutely unwell patient</b>	Initiates prompt appropriate management to stabilise/prevent further deterioration in patients with common acute presentations (including mental health) and seeks timely senior help with the further management; identifies electrolyte imbalance and, with senior advice, delivers a safe and effective method of correction; AND recognises when a patient should be moved to a higher level of care and seeks appropriate assistance with review and management			
<b>3.4 Managing of long-term conditions in the acutely unwell patient</b>	Performs primary review of new referrals within the hospital or outpatient clinic; cares for patients with long-term diseases during their in-patient stay, as outpatients or in the community; reviews long-term drug regimes and, with senior advice, considers modifying dosage, timing and treatment assesses; AND manages the impact of long-term mental disorder on the presentation and course of acute physical illness, and vice versa			
<b>3.5 The frail patient</b>	Formulates individual patient management plans based on assessment of frailty as well as clinical need; prescribes with an understanding of the impact of increasing age, weight loss and frailty on drug pharmacokinetics and pharmacodynamics; performs a comprehensive geriatric assessment including consideration of dementia or delirium; describes the impact of activities of daily living on long-term conditions; AND provides information / discusses these with the patients and carers			
<b>3.6 Supports patients with long term conditions</b>	Encourages and assists patients to make realistic decisions about their care and helps them to construct and review advance/long-term care plans; AND arranges appropriate assessment for specialist rehabilitation, care home placement and respite care			
<b>3.7 Nutrition</b>	Works with other healthcare professionals to address nutritional needs and communicate these during care planning; recognises eating disorders, seeks senior input and refers to local specialist service; AND formulates a plan for investigation and management of weight loss or weight gain			
<b>3.8 History</b>	Obtains relevant history, including mental health and collateral history, in time limited and sometimes difficult circumstances			
Verifying consultant's signature confirming details above: <b>Must be signed</b>				
<b>Applicants name:</b>	Must be completed	<b>Date of completion:</b>	Must be completed	

		Please select one box for each capability. Do not group capabilities together.		
Section 3 continued: Clinical Care [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>3.9 Physical and mental state examination</b>	Performs competent physical and mental state examination in a timely manner; uses a chaperone, where appropriate; AND performs focused physical/mental state examination in time limited environments e.g. outpatients, general practice or emergency department			
<b>3.10 Diagnosis</b>	Formulates appropriate physical/mental health differential diagnoses, based on history, examination and immediate investigations; AND takes account of probabilities in ranking differential diagnoses	Tick one box per professional capability		
<b>3.11 Clinical management</b>	Refines problem lists and management plans; AND develops appropriate strategies for further investigation and management			
<b>3.12 Clinical review</b>	Undertakes regular reviews, amends differential diagnosis and expedites patient investigation and management in light of developing symptoms and in response to therapeutic interventions; AND reprioritises problems and refines strategies for investigation and management			
<b>3.13 Discharge planning</b>	Anticipates clinical evolution and starts planning discharge and ongoing care from the time of admission; liaises and communicates with the patient, family and carers and supporting teams to arrange appropriate follow up; recognises and records when patients are medically, including mentally, fit for discharge; AND prescribes discharge or outpatient medication in a timely fashion			
<b>3.14 Investigations</b>	Ensures correct identification of patients when collecting and labelling samples, reviewing results and planning consequent management; explains to patients the risks, possible outcomes and implications of investigation results; AND obtains informed consent			
<b>3.15 Interpreting investigations</b>	Seeks, interprets, records and relays/acts on results of complex investigations, e.g. ECG, laboratory tests, basic radiographs and other investigations; AND explains these effectively to patients			
<b>3.16 Correct prescription</b>	Prescribes medicines correctly, accurately and unambiguously in accordance with GMC or other guidance using correct documentation to ensure patients receive the correct drug via the correct route at the correct frequency at the correct time; demonstrates understanding of responsibilities and restrictions with regard to prescribing high risk medicines including anticoagulation, insulin, chemotherapy and immunotherapy; performs dosage calculations accurately and verifies that the dose calculated is of the right order; prescribes controlled drugs using appropriate legal framework <i>or</i> describes the management and prescribing of controlled drugs in the community; AND describes the importance of security issues in respect of prescriptions			
<b>3.17 Clinically effective prescription</b>	Prescribes and administers for common important indications including medicines required urgently in the management of medical emergencies; can assess the need for fluid replacement therapy and choose and prescribe appropriate intravenous fluids and calculate the correct volume and flow rates <i>or</i> can describe how to do so; AND can prescribe and administer blood products safely in accordance with guidelines/protocols on safe cross matching and the use of blood and blood products <i>or</i> can describe how to do so			
<b>Verifying consultant's signature confirming details above: Must be signed</b>				
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<b>Section 3 continued: Clinical Care</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]		Personally witnessed	Evidence received*	Unable to confirm
<b>3.18 Discussion of medication with patients</b>	Discusses drug treatment and administration with patients/carers, including duration of treatment, unwanted effects and interactions; AND obtains an accurate drug history, including allergy, self-medication, use of complementary healthcare products and enquiry about allergic and other adverse reactions			
<b>3.19 Guidance on prescription</b>	Prescribes using support, including local and national formularies, pharmacists and more experienced prescribers to ensure accurate, safe and effective error-free prescribing, whilst recognising that legal responsibility remains with the prescriber	Tick one box per professional capability		
<b>3.20 Prescribing antimicrobials</b>	Prescribes according to relevant national and local guidance on antimicrobial therapy, recognising the link between antimicrobial prescribing and the development of antimicrobial resistance	Tick one box per professional capability		
<b>3.21 Review of prescriptions</b>	Reviews prescriptions regularly for effectiveness and safety taking account of patient response, adverse reactions and drug level monitoring; recognises and initiates action for common adverse effects of drugs; AND communicates these to patients, including potential effects on work and driving			
<b>3.22 Performs procedures safely</b>	Competently performs the core procedures, as mandated by the GMC ( <a href="http://www.gmc-uk.org/education/postgraduate/F1_outcomes_core_skills.asp">http://www.gmc-uk.org/education/postgraduate/F1_outcomes_core_skills.asp</a> ); knows the indications and contraindications of each procedure; AND performs some more complex procedures / in more challenging circumstances			
<b>3.23 Cardiac and respiratory arrest</b>	Trained to perform immediate adult life support comprising cardiopulmonary resuscitation, simple airway management and safe defibrillation or basic paediatric life support and to adapt resuscitation when appropriate; demonstrates the performance of advanced life support including cardiopulmonary resuscitation, manual defibrillation and management of life-threatening arrhythmias; AND is able to lead the resuscitation team where necessary <i><b>Please note:</b> An ALS course alone is insufficient evidence to demonstrate this capability.</i>			
<b>3.24 “Do not resuscitate” orders</b>	Able to discuss decisions not to resuscitate with the multidisciplinary team, the patient, long term carers (both medical and non-medical) and relatives and then records the outcome of that discussion			
<b>3.25 Understands the principles of health promotion</b>	Explains to patients the possible effects of lifestyle, including the effects of diet, nutrition, inactivity, smoking, alcohol and substance abuse; AND advises on preventative measures with reference to local and national guidelines			
<b>Verifying consultant’s signature confirming details above: Must be signed</b>				
<b>Applicants name:</b>	<b>Must be completed</b>	<b>Date of completion:</b>	<b>Must be completed</b>	

		Please select one box for each capability. Do not group capabilities together.		
Section 3 continued: Clinical Care		Personally witnessed	Evidence received*	Unable to confirm
[*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]				
<b>3.26 End of Life Care</b>	Recognises that palliative care requires attention to physical, psychological, emotional, social and spiritual aspects of the patient's experience, and those close to them; helps patient to access this if required; participates in discussions regarding personalised care planning including symptom management and advance care plans with patients, family and carers; AND discusses the patients' needs and preferences regarding care in the last days of life, including preferred place of care and death, treatment escalation plans, do not attempt cardiopulmonary resuscitation (DNACPR) decisions			
<b>3.27 Care after death</b>	Confirms death by conducting appropriate physical examination, documenting findings in the patient record; follows the law and statutory codes of practice governing completion of Medical Certificate of Cause of Death; demonstrates understanding of circumstances requiring reporting death to coroner/procurator fiscal or equivalent; discusses the benefits of post mortem examination AND explains the process to relatives/carers			
<b>3.28 Infection control</b>	Demonstrates consistently high standard of practice in infection control techniques in patient contact and treatment including hand hygiene and use of personal protective equipment (PPE); demonstrates safe aseptic technique and correctly disposes of sharps and clinical waste; requests screening for any disorder which could put other patients or staff at risk by cross contamination, e.g. Clostridium.Difficile; informs the competent authority of notifiable diseases; challenges and corrects poor practice in others who are not observing best practice in infection control; recognises the need for immunisations and ensures own are up to date in accordance with local/national policy; AND recognises the risks to patients from transmission of blood-borne infection			
<b>Section 4: Safety and Quality</b>				
<b>4.1 Personal competence</b>	Recognises and works within limits of competency; calls for senior help and advice in a timely manner and communicates concerns/expected response clearly; uses clinical guidelines and protocols, care pathways and bundles; AND takes part in activities to maintain and develop competence e.g. seeking opportunities to do structured learning and attending simulation training; demonstrates evidence of reflection on practice and how this has led to personal development			
<b>4.2 Patient safety</b>	Delivers healthcare within clinical governance frameworks under senior/consultant direction; discusses the limitations of clinical pathways and seeks advice regarding deviating from these in certain individual patient circumstances; AND undertakes appropriate pre-theatre/procedure checks including World Health Organisations (WHO) safe surgery checklist; describes the mechanisms to report critical incidents/near misses, device related adverse events and adverse drug reactions			
<b>4.3 Causes of impaired performance, error or suboptimal patient care</b>	Can describe the risks to patients if personal performance is compromised, why health problems of the practitioner must not compromise patient care or expose colleagues or patients to harm, the need to report personal health problems in a timely manner and an awareness of the support services available; seeks support appropriately (e.g. GP, occupational health, support services) regarding health or emotional concerns that might impact personal performance; describes the role of human factors in medical errors and takes steps to minimise these; AND describes ways of identifying poor performance in colleagues and how to support them			
<b>Verifying consultant's signature confirming details above: Must be signed</b>				
<b>Applicants name:</b>	<b>Must be completed</b>	<b>Date of completion:</b>	<b>Must be completed</b>	

Tick one box per professional capability

Tick one box per professional capability



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<b>Section 4 continued: Safety and Quality</b> [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence section on page 10 detailing this evidence]			<b>Personally witnessed</b>	<b>Evidence received*</b>	<b>Unable to confirm</b>
<b>4.4 Patient identification</b>	Ensures patient safety by positive identification of the patient at each encounter, in case notes, when prescribing/administering drugs and before consent for surgery/procedures; uses appropriate 2 or 3 point checks (e.g.name, date of birth, hospital number, address) in accordance with local protocols and national guidance; AND crosschecks identification immediately before procedures/administration of blood products/IV drugs				
<b>4.5 Usage of technology</b>	Demonstrates ability to operate common medical devices and interpret non-invasive monitoring correctly and safely after appropriate training; accesses and uses IT systems including local computing systems appropriately; AND demonstrates good information governance in use of electronic records				
<b>4.6 Quality Improvement</b>	Contributes significantly to at least one patient safety quality improvement project, including data collection, analysis and/or presentation of findings and implementation of recommendations; AND makes quality improvement link to learning/professional development				
<b>4.7 Healthcare resource management</b>	Demonstrates understanding of the organisational structure of the healthcare and their role in the wider health and social care landscape; recognises the resource implications of personal actions; AND minimises unnecessary or wasteful use of resources e.g. repeat investigations, delayed discharge				
<b>Verifying consultant's signature confirming details above: Must be signed</b>					
<b>Applicants name:</b>	<b>Must be completed</b>	<b>Date of completion:</b>	<b>Must be completed</b>		

Tick one box per professional capability

**\*\*\*\*Please make sure that you now sign the declaration on the next page\*\*\*\***

**Declaration by person signing this certificate:**

**REMINDER:** We would wish to remind signatories of their professional responsibilities under the General Medical Council's guidance "Good Medical Practice" (paragraph 71) which states that "*you must do your best to make sure that any documents you write or you sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents*". **Failure to do so renders you, the signatory, at risk of being referred to your regulatory authority (the GMC or equivalent).** Patient Safety must remain your primary concern.

<b>Your name:</b>	<b>Must be completed</b>
<b>Professional status :</b>	<b>Must be completed</b>
<b>Current post:</b>	<b>Must be completed</b>
<b>Dates you supervised the applicant:</b>	From: <b>Must be completed</b> To: <b>Must be completed</b>
<b>Address for correspondence:</b>	<b>Must be completed</b>
<b>Email address:</b>	<b>Must be completed</b>
<b>Your UK GMC Number:</b>	<b>Must be completed</b>

If you are not registered with the UK GMC, please give: **Name of your registering body: Must be completed**  
**Your Registration Number: Must be completed**  
**Please provide the applicant with photocopy evidence of your current registration with that body to this certificate.** A certified translation should be included if this is not in English. Historic registration with the GMC will not be accepted. *Failure to provide this will result in the applicant, being rejected.*

**For all signatories (please complete sections A to D): All of the below must be completed**

- A)  I confirm that I have viewed the official Foundation Programme website (<http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment>) and that I am aware of the standards expected of UK Foundation Programme year 2 doctors.
- B)  I confirm that the doctor named above has worked for me prior to their application submission and continuously for a minimum of three months whole time equivalent within the 3½ years prior to the advertised start date
- C)  I can confirm that I have observed the doctor named above demonstrate all of the listed competences **OR** where I have not personally observed them, I have received alternative evidence that I know to be reliable from a colleague (if the colleague is a trainee, they must be working satisfactorily at ST5 or above). **I have listed those providing evidence on the next page.**
- D)  I confirm that I am not related to, or in a relationship with the applicant

NB: *This form is invalid unless boxes A, B C and D above are checked.*

**Verifying consultant's signature confirming details above: Must be signed**

<b>Applicants name:</b>	<b>Must be completed</b>	<b>Date of completion:</b>	<b>Must be completed</b>
<b>HOSPITAL STAMP</b> If not available, please attached a signed compliment slip and give hospital name and website address	<b>Must be stamped</b>		

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**List of people whose evidence I have used in signing this certificate:** Where I have not personally observed them, I have received alternative evidence that I know to be reliable from a colleague, as detailed below (if the colleague is a trainee, they must be working satisfactorily at ST5 or above). Please ensure that you enter the section/s of the certificate where each individual has observed outcomes **Please note that, as part of the verification process, the recruiting process may contact these people to verify and confirm that they have provided you with such evidence:**

\*Please note: this section is only required to be completed if the column 'evidence received' has been used for a capability.

**Section or capabilities witnessed:** Must be completed in full, where evidence from others is used to demonstrate competence

<b>Their name:</b>	
<b>Professional status :</b>	
<b>Work Address:</b>	
<b>Email address:</b>	
<b>Dates they supervised the applicant</b>	From:            To:

**Section or capabilities witnessed:**

<b>Their name:</b>	
<b>Professional status :</b>	
<b>Work Address:</b>	
<b>Email address:</b>	
<b>Dates they supervised the applicant</b>	From:            To:

**Section or capabilities witnessed:**

<b>Their name:</b>	
<b>Professional status :</b>	
<b>Work Address:</b>	
<b>Email address:</b>	
<b>Dates they supervised the applicant</b>	From:            To:

<b>Verifying consultant's signature confirming the above:</b>		<b>Must be signed</b>
<b>Applicants name:</b>	<b>Must be completed</b>	<b>Date of completion:</b>
		<b>Must be completed</b>