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Lives of the Fellows Data Entry Form

## Personal Details

### Record details as at time of award of Fellowship, apart from information regarding changes.

***Please include either ‘none’, ‘unknown’ or ‘not applicable’ as appropriate throughout this form if you do not know or are unsure of any of the answers. Thank you.***

College Reference Number (CRN) as found on College correspondence and ‘Membership’ card

Click here to enter text.

Family name as recorded with GMC/other national licensing body

Click here to enter text.

Given name(s) criteria as above

Click here to enter text.

Familiar name any given or ‘nick-name’

Click here to enter text.

Other family name(s) and date(s) of change maiden, married or other name; include changes occurring before and after award of Fellowship

Click here to enter text.

Date of birth DD/MM/YYYY

Click here to enter text.

Place of birth Town and Country

Click here to enter text.

Nationality

Click here to enter text.

Other nationalities and date(s) of change

Click here to enter text.

Title [Dr, Mr, Prof etc] at time of Fellowship award

Click here to enter text.

Subsequent Title(s) and date(s) of change

Click here to enter text.

## Education and Qualifications

General Education School and University information, Academic and Extracurricular

Click here to enter text.

Primary Medical qualification, Institution and Date

Click here to enter text.

Initial Fellowship and type FFARCS, FCAnaes or FRCA, By Examination, Election or Honorary

Click here to enter text.

Year of Fellowship (YYYY)

Click here to enter a date.

Other qualifications with Date(s) and Awarding Bodies

Click here to enter text.

## Professional Life and Career

Postgraduate Career: appointments with dates (MM/YYYY) Complete as fully as possible please, including all substantive appointments, salaried and honorary, but not locum appointments unless of three months duration or longer

Click here to enter text.

Professional interests and activities Consider the following:

RCoA, AAGBI, Societies, GMC, BMA, Journals and NHS or University administration

Clinical and Research interests, but detailed list of publications not required

Include Awards, Fellowships by election and Eponymous Lectureships here

Click here to enter text.

Other biographical information Consider information on family, sports, hobbies and non-medical interests. A photograph will be welcome, but should be submitted as a separate e-mail attachment

Click here to enter text.

## Author and Sources

*The above biography is presented on the basis of information provided by the subject or collected by a third party. Every effort has been made to ensure accuracy, but the College does not accept responsibility for any errors. Please contact the Archivist (*[*archives@rcoa.ac.uk*](mailto:archives@rcoa.ac.uk)*) if you feel that changes or additions are required.*

Author

Click here to enter text.

Sources and Comments For material which does not fit other categories

Click here to enter text.

## FOR OFFICE USE ONLY

Date

Click here to enter text.

Notes

Click here to enter text.