**Application for Route to LFFLM (SOM)[c] for experienced clinicians via Prescribed/Equivalent Experience**

**Please send us an up-to-date copy of your CV with this completed form**

**Your required information:**

|  |  |
| --- | --- |
| Name & title |  |
| GMC no |  |
| Membership Number of College |  |
| Date of Birth  |  |
| Gender |  |
| Address |  |
| Daytime Phone No.  |  |
| Mobile Phone No.  |  |
| Email Address  |  |
| Qualifications with Year attained |  |
|  Current post |  |
| Current employer or service provider |  |
| Approximate number of Child Sexual Abuse examinations in each of 3 previous years |  |

**Relevant Experience: please specify your experience of CSA examinations – time period, approximate annual numbers of CSA examinations and safeguarding or court reports, experience of giving evidence in court. Please specify the age range of the children you examine and whether these are acute and/or historic examinations:**

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| --- |
|   |

**Detail attendance with date at training or updating courses in the last 3 years, relevant to CSA and child safeguarding:**

**What is your role in teaching and mentoring?**

**Please detail any publications in the field of safeguarding or CSA:**

**Please describe your local service and procedures for CSA examinations and safeguarding:**

#### Have you read the updated (****2021****) Regulations of the exam you are applying for and if so, do you meet the application eligibility criteria? If not please do not continue with your application as it will not be accepted. By answering yes you also confirm that you have read the Exams page of our website and the subpages that are relevant to your exam.

**If you have any queries – Please contact Jay Costa, FFLM Examinations Manager** **jay.costa@fflm.ac.uk** **.**