Application form for new assessors

(All specialities)

# Applications must be typed or completed in block capitals

All parts of the application form must be completed, any incomplete forms will be returned for completion.

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forenames:** |  |
| **Title:** |  |
| **BSE membership number:** |  |
| **BSE accreditations held and year of initial obtainment:**  *(i.e., TTE, initially accredited in 2014)* |  |

|  |  |
| --- | --- |
| **Work address** |  |
| **Home address** |  |

**Contact information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Work telephone number** |  | **Work E-mail address** |  |
| **Home / Mobile number** |  | **Home E-mail address** |  |

***N.B.*** *Personal details are removed from application forms before being dispatched to the Accreditation Committee to carry out the scoring and selection process.*

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| **Are you in good standing with the BSE? (yes / no)** |  |
| **If you answered no to the above, please provide details** |  |
| **Within the last three years, have you been subject to a disciplinary / investigation process into your good character? (yes/no)** |  |
| **If you answered yes to the above, please provide details** |  |
| **Do you hold, without limitation, voluntary or statutory registration with a professional body? (Please state which body you are registered with)** |  |

**Relevant Qualifications/courses**

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| --- | --- |
| **Date** | **Qualification/courses** |
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| --- | --- |
| **Current appointment** | **Date of Appointment** |
|  |  |

**Previous relevant appointments**

|  |  |
| --- | --- |
| **Date** | **Appointment** |
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Evidence of active involvement and commitment to training, assessment and

Examination preparation: *(give examples of formal and informal experience with dates)*

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| **In the last five years, how many healthcare professionals have you directly supervised as a mentor/internal assessor in any area of echocardiography?** |  |
| **Please include details for any accreditation achieved** |  |

Please provide examples of formal or informal experience related to training/assessment/exam preparation of healthcare professionals training in echocardiography

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| **Date** | **Involvement and commitment to training and assessment** |
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| **Special Interests** |  |

**Publications**

|  |  |
| --- | --- |
| **Date** | **Publication** |
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| **Please explain why you wish to become a BSE Assessor**  *(max 200 words)* |  |

Please provide the contact details of your ECHO lead and medical lead who can submit structured references:

**Echo Lead**

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| --- | --- |
| **Full name** |  |
| **Work address** |  |
| **Telephone number** |  |
| **Email address** |  |

**Medical Lead**

|  |  |
| --- | --- |
| **Full name** |  |
| **Work address** |  |
| **Telephone number** |  |
| **Email address** |  |

**Person Specification BSE Assessor**

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| --- | --- |
| **Professional Requirements** | **Y/N** |
| Accredited member of BSE |  |
| In good standing with society |  |
| Holds professional qualifications – Medical/Scientific /Nursing etc. |  |
| In active clinical practice |  |
| Able to commit to at least two days per year |  |
| Has the expectation of completing at least five years as an assessor |  |

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| **Professional/Technical and occupational training** | **Y/N** |
| Demonstrates commitment to ongoing assessment, training, and development as an assessor/trainer |  |
| Attendance at Equality and Diversity Training at the local centre within last three years |  |
| Participates in revalidation and adherence to CPD requirements locally and with BSE |  |

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| **Experience, skills, and knowledge** | **Y/N** |
| At least three years’ experience post-BSE accreditation |  |
| Excellent written and verbal communication skills |  |
| Proven team player who sets and achieves high standards |  |
| Demonstrates high professional standards/results as a trainer in local centre |  |
| Up to date with the requirements and practices of Echocardiography |  |
| Demonstrates courtesy, fairness and non-discrimination towards all  trainees/candidates |  |
| Demonstrates an understanding of the level of knowledge, skills and attitudes required of a candidate to pass the BSE practical assessment |  |

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| **Personal attributes** | **Y/N** |
| Highly self-motivated |  |
| Meticulous attention to detail |  |
| Ability to form excellent working relationships at all levels |  |
| Able to handle challenging people and situations with discretion, tact and diplomacy |  |
| Friendly and consultative attitude |  |
| Willingness to contribute to wider aims of training and assessment |  |

## **Application declaration:**

* I have read the Person’s Specifications and Job Description and believe I meet the requirements for this role.
* I have spoken with my Trust regarding applying for this role, and I would be able to commit to 2 days or more per year.
* I confirm that I do not have any restrictions or warnings against me practising within the UK.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

**Once completed, please send to:**

Jo Vashishta

Accreditation manager

British Society of Echocardiography

Unit 111 – The Print Rooms, 164-180 Union Street, London, SE1 0LH

**Email (preferred)**: [accreditation@bsecho.org](mailto:accreditation@bsecho.org)

Tel: 02080655794 (ext. 5799)

**Office use only**

|  |  |
| --- | --- |
| **Processed by (date & initial)** |  |
| **Application approved by Specialty lead (date & initial)** |  |
| **Application approved by Accreditation Chair (date & initial)** |  |

**END OF APPLICATION FORM**

**Updated SB 12/07/2023**