



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

APPLICATION FORM

Basic Training in Medical Ophthalmology 2019

This is an entry programme for Medical Ophthalmology
(Full details on the programme are available on the College website www.eyedoctors.ie)

**PLEASE FAMILIARIZE YOURSELF WITH THIS APPLICATION BEFORE STARTING THE
ONLINE APPLICATION AS THE ONLINE FORM WILL FOLLOW THIS FORMAT.**

Name of Applicant _____

SECTION 1: Preferences

Please list your preference for Dublin and outside of Dublin location*

Preferences (1-3)	Programme Region
	South Dublin
	North Dublin
	Cork
	Galway
	Sligo
	Limerick
	Waterford

**If you are not shortlisted for your first preference you may be shortlisted for your second or third choice*

SECTION 2: Personal Information

Surname / Family Name:	
First Name / Other Names:	
Known as:	
Correspondence Address:	
Mobile Number:	
Email Address:	
Date of Birth:	__ / __ / ____
Nationality:	
Irish Medical Council Number:	

Please confirm that you are eligible for the trainee specialist division: __ Yes __ No
 Registration Date: __/__/____

Please confirm if you are an EU citizen: __ Yes __ No

SECTION 3: Education

- **Photocopy transcript of results must accompany this application (certified copies accepted).** Applicants who received honours overall or in Medicine or Surgery need only supply results from their final year. All other applicants must submit a full transcript of results clearly indicating honours in pre-clinical and clinical subjects. Failure to supply this documentation with your application will result in the applicant being awarded no points for this section. Please tick here to indicate your understanding of the above

Medical School:	
Dates:	From: __/__/____ To: __/__/____
Degree Type: (Undergraduate/ Postgraduate):	
Honours (Yes or No):	
Place within Graduating Class:	Centile Place: _____ OR Decile Place: _____
<i>*If College does not provide decile/centile place, please submit a letter from the College stating same</i>	
Honours in Medicine:	__ Yes __ No
Honours in Surgery:	__ Yes __ No
Honours in Ophthalmology:	__ Yes __ No
Number of Honours (if any) in:	Pre-clinical Subjects: _____ OR Clinical Subjects: _____
State total number of:	Pre-clinical Subjects: _____ OR Clinical Subjects: _____

Other Relevant Degrees:

University / College:	
Date	From: __/__/____ To: __/__/____
Course & Award:	

Postgraduate Exams (if any):	
Exam:	Date: __ / __ / _____
Exam:	Date: __ / __ / _____

Postgraduate Courses (if any): NB Any relevant courses up to the date of <u>shortlisting</u> will be accepted	
Course:	Date: __ / __ / _____
Course:	Date: __ / __ / _____

Academic Distinctions (Prizes, Scholarships, Duke-Elder Prize etc):

Section 4: Research / Publications / Presentations

- A supporting letter from your supervisor must accompany papers in print or work in progress. In the absence of a supporting letter, work in progress will be disregarded.
- Copies of abstracts must be attached to the application form – see below.
- Publications that are accepted for publication can be submitted up to the day of the shortlisting process.

1. Published in International Journal 1 st Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:	
NB: Attach relevant publication/s as Publication 1A, Publication 1B etc	

2. Published in International Journal Joint Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	

State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:

NB: Attach relevant publication/s as Publication 2A, Publication 2B etc

3. Published in National
Journal– 1st Author:

Yes No

Number of Articles:

State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:

NB: Attach relevant publication/s as Publication 3A, Publication 3B etc

4. Published in National
Journal– Joint Author:

Yes No

Number of Articles:

State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:

NB: Attach relevant publication/s as Publication 4A, Publication 4B etc

5. Published case report -1st
Author:

Yes No

Number of Articles:

State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:

NB: Attach relevant publication/s as Publication 5A, Publication 5B etc

6. Presented at International
Meeting:

Yes No

Number of Articles:

NB: Attach relevant document/s as Document 6A, 6B etc

7. Presented at National
Meeting:

Yes No

Number of Articles:

NB: Attach relevant document/s as Document 7A, 7B etc

8. Research in Progress:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
NB: Attach relevant document/s as Document 8A, 8B etc	

9. Audit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
State Title, Authors, complete or incomplete audit cycle. State if it was presented or published. <i>Points cannot be duplicated from other sections.</i>	
NB: Attach relevant document/s as Document 9A, 9B etc	

Section 5: Clinical Training & Experience

Present Appointment:	
Hospital:	
Specialty:	
Grade:	
Dates:	From: __/__/____ To: __/__/____

Previous Appointment(s):

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English Language requirements

Applicants who were not registered with the IMC prior to 9th July 2012 must demonstrate their English language competency either by means of submitting the required IELTS certificate (overall band score of 7:0 and a minimum of 6.5 in each of the four domains)/ OET certificate (overall grade of B and a minimum grade of B in each of the four domains) or by declaring themselves exempt. The test must have been undertaken no more than two years prior to the date of it being submitted to ICO. Whilst you may sit the above test as often as you like, the above scores must have been achieved at only one sitting of the IELTS/ OET test. Results from more than one test sitting cannot be amalgamated. The Cambridge exam is no longer accepted.

Section 6: References

Referees (Must be from recent clinical posts):	
Name of referee 1:	
<i>Hospital name and address:</i>	
Name of referee 2:	
<i>Hospital name and address:</i>	

The referee assessment forms are available separately:

- You must fill the top section of both referee forms (i.e. Name, Post Held, Hospital)

- Send a copy of the referee assessment form to each of your nominated assessors above
- It is the responsibility of each applicant to ensure that these referee's assessment forms are completed and returned to Training Programme Administration, Irish College of Ophthalmologists, 121 St. Stephen's Green, Dublin 2, on or before **7th January 2019**.

Checklist:

- Reference forms sent to referees for completion
- Programme preference clearly indicated on the cover page of the application form
- Sections 1 – 6 of the application form completed and double checked
- Photocopy original transcript of results from your Medical School enclosed
- Irish Medical Council Registration Certificate enclosed (certified copies accepted)
- Copy of your passport showing your photograph
- English language requirement

Signed: _____ Date: __ / __ / ____

Application forms and supporting documentation (*with the exception of the reference forms*) will **only** be accepted electronically via the online application form on our website and must be received by **Monday 10th December 2018**.

If you have any questions please contact rebecca.martin@eyedoctors.ie.

Reference forms will be accepted by email or in hard copy if necessary and must be received no later than **Monday, 7th January 2019**.