



Irish College of  
Ophthalmologists  
*Eye Doctors of Ireland*  
Protecting your Vision

## APPLICATION FORM

### Basic Training in Medical Ophthalmology 2020

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

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: _____ <b>OR</b> 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: _____ <b>OR</b> Clinical Subjects: _____
State total number of:	Pre-clinical Subjects: _____ <b>OR</b> 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 shortlisting will be accepted

Course:	Date: __ / __ / ____
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Course:	Date: __ / __ / ____
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**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 <sup>st</sup> Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:	
<b>NB: Attach relevant publication/s as Publication 1A, Publication 1B etc</b>	

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

3. Published in National Journal– 1 <sup>st</sup> Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:	
<b>NB: Attach relevant publication/s as Publication 3A, Publication 3B etc</b>	

4. Published in National 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:	
<b>NB: Attach relevant publication/s as Publication 4A, Publication 4B etc</b>	

5. Published case report -1 <sup>st</sup> Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:	
<b>NB: Attach relevant publication/s as Publication 5A, Publication 5B etc</b>	

6. Presented at International Meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
<b>NB: Attach relevant document/s as Document 6A, 6B etc</b>	

7. Presented at National Meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Articles:	
<b>NB: Attach relevant document/s as Document 7A, 7B etc</b>	

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

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>	
<b>NB: Attach relevant document/s as Document 9A, 9B etc</b>	

## 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 9<sup>th</sup> 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 **7<sup>th</sup> January 2019**.

## Checklist:

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

Signed: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

Application forms and supporting documentation (*with the exception of the reference forms*) will **only** be accepted electronically and must be received by **Thursday 5th December 2019**.

Please send to [rob.tracey@eyedoctors.ie](mailto:rob.tracey@eyedoctors.ie).

Reference forms will be accepted by email or in hard copy if necessary and must be received no later than **Friday 13<sup>th</sup> December 2019**.

All pages must be scanned and submitted together as **one document**. Individual pages (*with the exception of reference forms*) must not be submitted at a later date.

**Please do not send photographs of the application form which are taken on a mobile phone.**