



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

## APPLICATION FORM

### Basic Training in Medical Ophthalmology 2021

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))

#### IMPORTANT, PLEASE READ CAREFULLY:

- BEFORE FILLING IN THIS APPLICATION FORM, APPLICANTS SHOULD ENSURE THAT THEY HAVE READ THE ACCOMPANYING GUIDANCE DOCUMENT, AVAILABLE ON THE ICO WEBSITE.
- THIS FORM WILL NOT SAVE YOUR PROGRESS AND IT WILL NEED TO BE COMPLETED IN ONE SITTING.
- PLEASE ENSURE YOU HAVE REVIEWED THE PDF VERSION OF THIS APPLICATION FORM ON OUR WEBSITE TO FAMILIARIZE YOURSELF WITH THE CONTENTS OF THIS FORM.
- THE SELECTION SCORESHEET, ALSO AVAILABLE ON OUR WEBSITE, SHOULD BE REVIEWED IN ADVANCE OF COMPLETING YOUR APPLICATION.
- AS THE FORM WILL SAVE AT THE TIME OF SUBMISSION WE RECOMMEND THAT YOU GATHER ALL OF THE RELEVANT DOCUMENTATION & INFORMATION BEFORE COMMENCING THE ONLINE FORM.
- COMPLETION OF THE FORM SHOULD THEREFORE TAKE APPROX 10-20 MINUTES TO COMPLETE.
- THERE WILL NOT BE AN OPPORTUNITY TO UPLOAD SUBSEQUENT DOCUMENTATION AFTER SUBMISSION.

Application forms and supporting documentation (with the exception of the reference forms) will only be accepted electronically and must be received by **Friday 4th December 2020**.

All supporting documentation must be uploaded and submitted with the application form. All supporting documentation must be clearly labelled. Please use the following format:  
Candidate Full Name, Section and Title

**For example:** Joe Smith\_1A\_Ophthalmic Study

Please note that if there is duplication in Section 4, you will not be awarded marks in the duplicate areas.

You will only receive marks once for research/ publications/ presentations/audits. Therefore you should review the selection scoresheet prior to completing an application form to determine where you will receive the most marks.

Reference forms will only be accepted by email to [rebecca.martin@eyedoctors.ie](mailto:rebecca.martin@eyedoctors.ie) no later than **Friday 11th December 2020**.

Individual pages (with the exception of reference forms) must not be submitted at a later date.

ICO hold scanned copies of all applications for 1 year following the closing date. No originals are held or returned unless specifically requested by the applicant.

\*required field

## Section 1: Personal Details

1.1. Surname / Family Name: \*

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1.2. First Name / Other Names: \*

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1.3. Known as:

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1.4. Correspondence Address: \*

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1.5. Mobile Number: \*

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1.6. Contact Email: \*

*The ICO will contact you via email. Please specify the email address that you wish to be used in all communications.*

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1.7. Date of Birth: \*

DD/MM/YYYY

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1.8. Copy of your passport showing your photograph \*

*(Upload Supporting Documentation.)*

1.9. Nationality/ Citizenship: \*

*Please refer to the ICO website for information on the allocation of training places.*

Irish Citizen

EU Citizen

Non-EU Citizen

1.9.1. If you been granted citizenship through naturalisation, please provide a copy of the relevant documentation.

*Where appropriate, applicants should submit a copy of their Certificate of Naturalisation as issued by the Department of Justice and Equality if such is required for an applicant to be considered as a candidate.*

*(Upload Supporting Documentation.)*

1.9.2. If you are a holder of a GNIB Stamp 4/ Stamp 4EUFAM or IRPStamp 4, please provide evidence of same.

*Applicants who hold a GNIB Stamp 4 and are married to an Irish citizen must supply a copy of the marriage cert and a copy of their spouse's passport and/or a valid birth certificate of the spouse. For further information, please see the information on the allocation of training places available on the ICO website.*

*(Upload Supporting Documentation.)*

1.10. Please confirm that you are eligible for the trainee specialist division: \*

- Yes  
 No

1.11. Irish Medical Council Number: \*

*If you are in the process of applying to the Irish Medical Council, please provide a brief summary*

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1.11.1 Registration Date: \*

DD/MM/YYYY

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1.12.1 Irish Medical Council Registration Certificate: \*

*If you are in the process of applying to Irish Medical Council, please upload a letter/email from the Irish Medical Council confirming this:*

*(Upload Supporting Documentation.)*

## Section 2: Preferences

2.1. Please list your preference for Dublin and outside of Dublin location\*

Preferences (1-3)	South Dublin	North Dublin	Cork	Galway	Sligo	Limerick	Waterford
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## 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.

3.1. Please tick below to indicate your understanding of the above.

I understand

3.2. Medical School: \*

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3.3. Date of Completion: \*

*Month & Year (MM/YYYY)*

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3.4. Degree Type: \*

- Undergraduate  
 Postgraduate

3.5. Photocopy original transcript of results from your Medical School enclosed : \*

*(Upload Supporting Documentation.)*

3.6. Place within Graduating Class;

*\*Please provide in Centile Place or Decile Place \**

*\*\*If the University/College does not provide a decile/centile place, please give a brief explanation and submit a letter from the College stating same*

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3.6.1. Evidence of place within Graduating Class: \*

*(Upload Supporting Documentation.)*

3.7. Honours in Medicine: \*

- Yes
- No
- N/A

3.7.1. If you have selected N/A for Honours in Medicine, please explain why.

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3.8. Honours in Surgery: \*

- Yes
- No
- N/A

3.8.1. If you have selected N/A for Honours in Surgery, please explain why

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3.9. Honours in Ophthalmology: \*

- Yes
- No
- N/A

3.9.1. If you have selected N/A for Honours in Ophthalmology, please explain why

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3.10. Number of Honours (if any) in:

*Pre-clinical Subjects or Clinical Subjects:*

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3.11. State total number of:

*Pre-clinical Subjects or Clinical Subjects:*

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3.12. Other Relevant Degrees:

University / College:

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3.12.1. Date of Completion

*Month & Year (MM/YYYY)*

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3.12.2. Evidence of Other Relevant Degrees Files submitted:

*(Upload Supporting Documentation.)*

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

Name

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3.13.1. Date of Awarding

DD/MM/YYYY

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3.13.2. Evidence of Academic Distinctions

*(Upload Supporting Documentation.)*

3.14 Postgraduate Exams (if any):

*E.g. FRCOphth Part 1*

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3.14.1. Date of Passing Postgraduate Exam

DD/MM/YYYY

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3.14.2. Evidence of Exam Passed

*(Upload Supporting Documentation.)*

3.15. Postgraduate Courses (if any):

*NB Any relevant courses up to the date of shortlisting will be accepted.*

Name

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3.15.1. Date of Course

DD/MM/YYYY

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3.15.2. Evidence of Postgraduate Courses

*(Upload Supporting Documentation.)*

**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 uploaded to the application form – see below.
- Publications that are accepted for publication can be submitted up to the day of the shortlisting process.
- Points will not be awarded if duplicated in the following sub sections.

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

4.2. Published in International Journal Joint Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2.1. Number of Articles:	
4.2.2. State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:	
4.2.3. Upload relevant publication/s as Publication 2A, Publication 2B etc	

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

4.4. Published in National Journal– Joint Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4.1. Number of Articles:	
4.4.2. State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:	
4.4.3. Upload relevant publication/s as Publication 4A, Publication 4B etc	

4.5. Presented at National Meeting:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5.1. Number of Articles:	
4.5.2. Upload relevant document/s as Document 5A, 5B etc	

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

4.7. Published case report -1 <sup>st</sup> Author:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.7.1. Number of Articles:	
4.7.2. State Title, Authors, Journal, ISBN number and Impact Factor of Journal here:	
4.7.3. Upload relevant publication/s as Publication 7A, Publication 7B etc	

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

4.9. Audit: <i>Maximum points will only be awarded for 1st authorship.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.9.1. Number of Articles:	
4.9.2. State Title, Authors, complete or incomplete audit cycle. State if it was presented or published. <i>Points cannot be duplicated from other sections.</i>	
4.9.3. Audit Presented	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.9.4. Audit Published	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.9.5. Upload relevant document/s as Document 9A, 9B etc	

<b>Section 5: Clinical Training &amp; Experience</b>
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5.1. Present Appointment: Hospital:	
5.2. Specialty:	
5.3. Grade:	
5.4. Start Date:	DD / MM / YYYY

Previous Appointment(s): <i>Include the Hospital, Speciality, Grade, Start and End dates of Employment</i>



5.6. English Language Requirements: Did you complete your Undergraduate Medical Training Degree outside of the Republic of Ireland?

*Applicants who were not registered by the Medical Council in any of the divisions of the Register of Medical Practitioners prior to 1st January 2015, or who did not complete the entirety of their undergraduate medical training in the Republic of Ireland 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 of grade B in each of the four domains) or by declaring themselves exempt. IELTS/OET test results must be current and dated within two years of the date of application to the training program. 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.*

Yes

No

5.6.1. IELTS or OET Certificate

*(Upload Supporting Documentation.)*

## Section 6: References

***Please read carefully.***

Referees must be from recent clinical posts:

The referee assessment forms are available separately:

- You must completed 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 by email to Training Programme Manager, Irish College of Ophthalmologists, 121 St. Stephen's Green, Dublin 2.

Applicants can choose to upload their references on their application form in the designated area of the form (provided below) or via email to the Training Programme Manager. All referee forms must be submitted on or before **Friday 11th December 2020**.

6.1. Name of referee 1:

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6.2. Hospital name and address:

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6.3. Name of referee 2:

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6.4. Hospital name and address:

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## 6.5. Reference Forms

Applicants can upload the referee forms here or alternatively they can submit them separately via email to the Training Programme Manager. All referee forms must be submitted by Friday 11th December 2020. Forms received subsequently will not be accepted.

*(Upload Supporting Documentation.)*

### Checklist for Personal Use:

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

### Section 7: Applicant Declaration

I declare that to the best of my knowledge and belief that all the particulars furnished in connection with this application are true and accurate. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my Application Form. I understand that any false or misleading information submitted by me may render any offer of a training position and associated employment offers as null and void.

Signed: \_\_\_\_\_

Date: DD/ MM / YYYY

Application forms and supporting documentation (*with the exception of the reference forms and those outlined in the guidance document*) will **only** be accepted electronically and must be received by **Friday, 4th December 2020**.

Reference forms will be accepted by email to [rebecca.martin@eyedoctors.ie](mailto:rebecca.martin@eyedoctors.ie) and must be received no later than **Friday, 11th December 2020**.

**Please do not upload photographs of the supporting documentation which have been taken on a mobile phone.**