# 

# Annex 3

Application form for inclusion on the list of medical inspectors

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| **Profile** | Type 1: General practitioner/occupational physician | |
| Type 2: Psychiatrist | |
| Type 3: Orthopaedic specialist | |
| **Personal information** | | |
| Name(s) | |  |
| Address | |  |
| Telephone number(s) | |  |
| Fax number(s) | |  |
| E-mail address(es) | |  |

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| **Practice** | |
| Authorisation to practise in the country of establishment | Yes  No |
| Number and proof of registration with the national medical council | No.:  Attach proof of registration |

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| **Professional experience** | | |
| **1** | Date(s) |  |
| Occupation or position held |  |
| Name and address of employer |  |
| Main activities and responsibilities |  |
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| **2** | Date(s) |  |
| Occupation or position held |  |
| Name and address of employer |  |
| Main activities and responsibilities |  |

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| **Medical education and training** | | |
| **1** | Date(s) |  |
| Qualification obtained |  |
| Name and address of medical school |  |
|  | | |
| **2** | Date(s) |  |
| Qualification obtained |  |
| Name and address of medical school |  |

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| **Languages spoken** | | | |
| Mother tongue |  | | |
| Language required (at least one) | English | French | German |
| Other languages |  |  |  |