#

# 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 |  |
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| **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 |  |  |  |