



Office use only:

DATE NOMINATED	DATE ELECTED

THE MEDICAL SOCIETY OF LONDON
FOUNDED 1773

FORM OF APPLICATION FOR THE ADMISSION OF FELLOWS

The laws require that this be signed by a Fellow of the Society who is personally acquainted with the candidate and the candidate's mode of practice

(Note: All the data given on this form will be used in the Society's database of Fellows. It will never be shared outside the Society and will be deleted when a Fellow leaves the Society.)

PLEASE COMPLETE IN BLOCK CAPITALS

LAST NAME:

FORENAMES:

ADDRESS:.....

.....POSTCODE:

HOME TELEPHONE NUMBER:

DAYTIME/MOBILE TELEPHONE NUMBER:

EMAIL ADDRESS:

BASIC PROFESSIONAL QUALIFICATION & YEAR OBTAINED (eg MB BS):

ACADEMIC INSTITUTION(S) WHERE OBTAINED:

HIGHER PROFESSIONAL QUALIFICATIONS (eg MSc, MRCP, FRCS etc):

SPECIALITY SHOWN ON THE SPECIALIST REGISTER (IF ANY):

.....

CURRENT EMPLOYMENT (OR, IF RETIRED, PREVIOUS MAIN EMPLOYMENT):

GMC (or appropriate Health Council) REGISTRATION NO:

If not registered, do you remain fit in all respects to be registered by your professional body? **YES/NO**

STYLE: Please write below exactly how you like to be addressed (i.e. Dr, Mr, Mrs, Professor and which qualifications/honours you like included after your name):

WHERE DID YOU HEAR ABOUT THE SOCIETY?

SIGNATURE OF APPLICANT AND PERMISSION TO HOLD THE ABOVE DATA FOR USE SOLELY ON SOCIETY BUSINESS in accordance with GDPR 2018.

..... Date

SIGNATURE OF CURRENT FELLOW: I, the undersigned, do recommend the candidate from my personal knowledge as well qualified to promote the objects of the Society.

Signed	Name in Capitals