

Special Interest Professional Module (SIPM) Registration form

All SIPM applicants must complete this form prior to the commencement of the SIPM and email the completed form to specialinterest@rcog.org.uk. All relevant signatures must be obtained prior to submitting.

Please note, if you are undertaking two SIPMs, one form must be completed for each SIPM (two forms in total).

Section 1: Applicant details

This section must be completed by the SIPM applicant

National Trainee Number (NTN) holders

Full name:				
RCOG number:				
GMC number:				
NTN number:				
Year of training:				
SAS/LED/consultant/other applicants				
Full name:				
RCOG number:				
GMC number:				

Section 2: SIPM Details

This section must be completed by the SIPM applicant

SIPM being undertaken:



Deanery name:		

Hospital/Training centre name and address:

Date SIPM commences:

Section 3: SIPM Educational Supervisor

This section must be completed by the SIPM Educational Supervisor

Full name:

Hospital/training centre and address:

I hereby agree to provide the training necessary for the completion of this SIPM

SIPM Educational supervisor signature:

Section 4: Clinical Supervisor

This section must be completed by the Clinical Supervisor

(This section is only applicable to trainees with an NTN)

Full name:	
Clinical supervisor signature: ∟	
Data	
Date:	



Section 5: SITM Director

This section must be completed by the SITM Director

I confirm that I agree for the applicant to register for the above SIPM and that the Deanery Specialty Training Committee/Postgraduate School has approved the professional module for the applicant, SIPM Educational Supervisor(s) and programme of training.

Ill name:	
TM Director signature:	
ate:	

Section 6: Clinical Director

This section must be completed by the Clinical Director

(This section is only applicable to applicants without a NTN)

I confirm that I agree for the applicant to register for the above SIPM.

Full name:

Hospital/training centre and address:

Clinical Director signature:

Date:

It is the responsibility of the applicant to obtain the required signatures and email the completed form to the RCOG Trainees Administrator at specialinterest@rcog.org.uk



How we use your information

In accordance with the General Data Protection Regulation (GDPR) 2016 and Data Protection Act (DPA) 2018, the RCOG will process your personal data to provide you with your member benefits and services, and to carry out its day-to-day business.

RCOG requires the above information to process your application and to administrate your training records. We will store your personal information such as name, nationality, date of birth, address, telephone number, email address, employment status and location, RCOG No. and educational information. Your name and RCOG number will be used to verify your identity.

Where RCOG is required to confirm details of your qualifications and membership, we will only share this data with bona fide third parties. These include governmental and medical regulatory bodies, educational institutions and prospective employers. The information will only be released where there is a statutory, regulatory or lawful basis to do so and RCOG will obtain your consent where we do not.

Full information on how the RCOG processes your personal data can be found in our <u>Data</u> <u>Protection Policy</u> and <u>Privacy Policy</u> on our website: <u>www.rcog.org.uk</u>.

If you are unhappy with the way we are processing your data and would like to make a complaint or wish to make an <u>individual rights request</u>, please contact the Research and Information Services Team at <u>dataprotection@rcog.org.uk</u> or in writing to:

Royal College of Obstetricians and Gynaecologists 10-18 Union Street, London SE11SZ

If you are unhappy with the response you receive or wish to make a complaint to the Information Commissioner's Office. Please see the ICO website for details: <u>https://ico.org.uk/make-a-complaint/your-personal-information-concerns.</u>