English Language Proficiency – Consultant Testimony Proforma

**Applicant Details** *(applicants to complete their own personal information below)*

|  |  |
| --- | --- |
| **Forename(s)**  | **Surname** |
| **GMC Number** | **Signed** |

**Employment History**

|  |  |
| --- | --- |
| **Post / Role (1)** | **Employing Organisation** |
| **Contract Type / Duration**(e.g. Fixed-term 6 months) | **Hours Worked** |
| **Start Date** | **End Date** |

|  |  |
| --- | --- |
| **Post / Role (2)** | **Employing Organisation** |
| **Contract Type / Duration**(e.g. Fixed-term 6 months) | **Hours Worked** |
| **Start Date** | **End Date** |

**Consultant Supervisor** (Consultant Supervisor to sign to confirm that the applicant has worked as a doctor in the NHS for a minimum of 3 months)

|  |  |
| --- | --- |
| **Name** | **Employing Organisation** |
| **Signature** | **Date** |