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F2 Stand-alone Recruitment 2024

English Language Proficiency – Consultant Testimony Form

The national F2 person specification requires that applicants must have demonstrable skills in listening, reading, writing and speaking in English that enable effective communication about medical topics with patients and colleagues, as set out in the GMC’s [Good Medical Practice (2014).](http://www.gmc-uk.org/guidance/good_medical_practice.asp)   
  
Applicants applying for F2 Stand-alone programmes via the national recruitment process must evidence their English language proficiency when submitting their application and can do so in one of four ways – please refer to the [F2 Stand-alone Applicant Handbook](https://foundationprogramme.nhs.uk/programmes/f2-stand-alone/) for the full list of accepted evidence.

**You must only use this form if:**

* You have worked **in** **the NHS** **in paid employment as** **a doctor for a** **minimum of 3 full months**

**Further Information**

* Consultant testimonies will be accepted for work in both General Practice and hospital settings
* The 3 full months’ minimum experience must be evidenced **at the time of application**. This means that a minimum of 3 months’ employment in the NHS must be completed **by the end of the application period in January 2024**
* The applicant must upload this completed form onto Oriel as part of the application
* **Locum work experience will not be accepted** for evidence of English language proficiency. Applicants cannot submit a consultant testimony if it relates to employment which was on a locum basis

**Applicant’s details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name** |  |
| **GMC number** |  |
| **Signature**  Inked, electronic and typed signatures will be accepted |  |
| **Date of form completion / signature (dd/mm/yyyy)** |  |

**Applicant’s NHS Employment History**

**Post 1**

|  |  |
| --- | --- |
| **Job role title and grade** |  |
| **Employing organisation / NHS Trust / hospital** |  |
| **Contract type and duration (e.g., fixed-term 6 months)** |  |
| **Start date of post (dd/mm/yyyy)** |  |
| **End date of post (dd/mm/yyyy)** |  |
| **Hours worked** |  |

**Post 2**

|  |  |
| --- | --- |
| **Job role title and grade** |  |
| **Employing organisation / NHS Trust / hospital** |  |
| **Contract type and duration (e.g., fixed-term 6 months)** |  |
| **Start date of post (dd/mm/yyyy)** |  |
| **End date of post (dd/mm/yyyy)** |  |
| **Hours worked** |  |

**Post 3**

|  |  |
| --- | --- |
| **Job role title and grade** |  |
| **Employing organisation / NHS Trust / hospital** |  |
| **Contract type and duration (e.g., fixed-term 6 months)** |  |
| **Start date of post (dd/mm/yyyy)** |  |
| **End date of post (dd/mm/yyyy)** |  |
| **Hours worked** |  |

**Post 4**

|  |  |
| --- | --- |
| **Job role title and grade** |  |
| **Employing organisation / NHS Trust / hospital** |  |
| **Contract type and duration (e.g., fixed-term 6 months)** |  |
| **Start date of post (dd/mm/yyyy)** |  |
| **End date of post (dd/mm/yyyy)** |  |
| **Hours worked** |  |

**Consultant Testimony**

This section must be completed by a Consultant who has supervised the applicant and can confirm that the applicant has demonstrable skills in listening, reading, writing and speaking in English that enable effective communication about medical topics with patients and colleagues, as set out in the GMC’s [Good Medical Practice (2014).](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

**Consultant’s details**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name** |  |
| **GMC number** |  |
| **Employing organisation / NHS Trust / hospital** |  |
| **Role / title** |  |
| **Email address** |  |

**Declaration by Consultant**

|  |  |
| --- | --- |
| **I confirm that I have supervised this doctor** | **YES** – I confirm that I have supervised this doctor in post  **NO** – I have not supervised this doctor |
| **I confirm that this doctor**  **has demonstrable skills in listening, reading, writing and speaking in English that enable effective communication about medical topics with patients and colleagues, as set out in the GMC’s** [**Good Medical Practice (2014)**](http://www.gmc-uk.org/guidance/good_medical_practice.asp) | **YES** – This doctor has a satisfactory standard of English language proficiency  **NO** – This doctor does not have a satisfactory standard of English language proficiency |
| **Signature**  Inked, electronic and typed signatures will be accepted |  |
| **Date of form completion / signature (dd/mm/yyyy)** |  |