Comhairle na nDochtúirí Leighis
Medical Council

TRAINING POST VERIFICATION FORM FOR APPLICANTS SEEKING CERTIFICATION OF INDIVIDUAL TRAINING POSTS UNDER ARTICLE 25 OF EU DIRECTIVE 2005/36/EC

INSTRUCTIONS: THIS FORM IS TO BE COMPLETED BY THE POSTGRADUATE TRAINING BODY RESPONSIBLE FOR THE TRAINING POST WHICH THE TRAINEE WISHES TO HAVE CERTIFIED. THE COMPLETED FORM SHOULD BE RETURNED BY THE APPLICANT TO: REGISTRATION SECTION, THE MEDICAL COUNCIL, KINGRAM HOUSE, KINGRAM PLACE, DUBLIN 2

N.B: ONE FORM SHOULD BE COMPLETED FOR EACH POST REQUIRING CERTIFICATION

NAME OF CLINICAL SITE:_____

POST TYPE (SHO, REGISTRAR ETC):_____

POST PART OF RECOGNISED SPECIALIST TRAINING PROGRAMME: Yes ☐ No ☐

NAME OF SPECIALIST TRAINING PROGRAMME:_____

SIGNATURE OF TRAINING BODY ADMINISTRATOR:_____

STAMP OF POSTGRADUATE TRAINING BODY:_____

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PAYMENT FORM

MEDICAL COUNCIL - FINANCE SECTION
KINGRAM HOUSE, KINGRAM PLACE, DUBLIN 2

REGISTRATION NO
SURNAME: **(BLOCK CAPITALS)**
FORENAMES: **(BLOCK CAPITALS)**
TELEPHONE NO:
EMAIL ADDRESS:
PLEASE STATE TYPE OF PAYMENT, (E.G.ANNUAL REGISTRATION FEE)**:**

METHOD OF PAYMENT:

- ☐ **DRAFT (Drawn on Irish Bank)**
- ☐ **VISA DEBIT CARD**
- ☐ **CREDIT CARD (MASTERCARD / VISA)**
- ☐ **LASER CARD**

Credit/Laser Card Payment

- A fee of 2.02% will apply to all Visa/Mastercard payments (only these credit cards are accepted)
- **CCV number MUST be entered as failure to do so will result in application being delayed**.
- A fee of €0.25 for all Laser Card OR Visa Debit Card transactions

Please debit my Visa / Mastercard / Laser card for the sum of €_____

VISA/ MASTERCARD NO.																Exp. Date				

CVV NO. (last 3 digits on back)			

Lasercard/ VisaDebit Card No.																			Exp. Date				

Name of Credit Card/Laser Holder (Complete in Block Capitals): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

FEE TAKEN BY: _____ **DATE**_____

[TO BE COMPLETED BY STAFF MEMBER PROCESSING APPLICATION]