

**Name**

**Title**  Professor/Dr/Mr/Mrs/Miss/Ms\*

**Qualifications**

**Contact address (Inc postcode)**

**Telephone number**

**Fax number**

**Email address**

**IN ADDITION TO YOUR FULL CV WE WILL ALSO REQUIRE ADDITIONAL INFORMATION SET OUT BELOW**

**This information can also be emailed to** [**LS@avma.org.uk**](mailto:LS@avma.org.uk)

**We strongly advise all applicant to ensure they have adequate indemnity insurance to cover their medico-legal work**

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| **Professional Registration** |  |
| **PIN and Registration Year** |  |
| **Current post** |  |
| **Year appointed**  **We do request that all our experts have been in a consultant post for at least 5 years.** | 1. as consultant 2. to current post |
| **Specialism** |  |
| **Special interests** |  |
| **Current Hospital/Trust** |  |
| **Are you currently working in the NHS?** | Yes\* No\* |
| **How many years have you been preparing reports for clinical negligence cases?**  **How many clinical negligence reports have you done?**  **How many times have you given oral evidence in Court in a clinical negligence case?**  **Have you ever been criticised by a judge in a reported case in your role as a medical expert?**  **If so please provide the case citation and any other information that you feel would be relevant**  **Have you ever been sued in your capacity as a medical expert?**  **Have you had any medico -legal training?**  **Have you read AvMA’s Expert Protocol?** |  |
| **What percentage of your clinical negligence caseload is Claimant work?** |  |
| **What is your current hourly rate?** |  |
| **What is your current turnaround time for reports?** |  |
| **We would be grateful if for audit purposes you provided a suitably redacted and GDPR compliant clinical negligence report (liability or causation and not a condition and prognosis report). Please note, a personal injury report will not be aaccepted.**  **If you have not done any clinical negligence work, could you please provide the names of two specialist clinical negligence solicitors or clinicians who would be willing to provide you with a reference.**  **We also require a short up to date CV and would be grateful if you would send one.** |  |

**Would you be willing to speak on your subject at AvMA Events? Yes\* No\***

**Would you be willing to contribute an article to Clinical Risk? Yes\* No\***

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| **Data Protection Act requirements:** | |
| **Can AvMA post directly regarding AvMA meetings, training, LSC consultations, etc?** | Yes\* No\* |
| **Can AvMA e-mail directly regarding AvMA meetings, training, LSC consultations etc?** | Yes\* No\* |
| **Can AvMA forward information to you from a third party (e.g. training information)?** | Yes\* No\* |
| **Can AvMA forward your details to a third party?** | Yes\* No\* |

**\* - Please delete as appropriate.**