**Third Party Verification Request Form**

**SECTION 1: Request for information**

All sections must be completed in full.

Please see notes section 1 for information and advice on completing this section.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FAMILY NAME | FORENAMES | DATE OF BIRTH | RCP CODE/GMC NUMBER | SPECIALTY/SPECIALTIES | START DATE | END DATE | REFERENCE NUMBER |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

**SECTION 2: Address to which verification letter should be sent**

Please see notes section 2 for information and advice on completing this form.

|  |  |
| --- | --- |
| Contact name:  |       |
| Organisation: |       |
| Reference Number (if applicable): |       |
| Address  | First line of address: |       |
| Second line of address: |       |
| Town/City: |       |
| County: |       |
| Postcode/Zip code: |       |
| Country: |       |
| Telephone: |       |
| Fax: |       |
| E-mail: |       |
| Method for receiving verification: | [ ]  Email [ ]  Fax [ ]  Post  |

**SECTION 3 – Payment details**

The fee for a verification request is £10.00 GBP. It can be paid by credit/debit card or cheque/banker’s draft. If you wish to pay by card you must contact us by telephone on 0203 075 1440 to provide your payment details once you have submitted your application form. Unfortunately we cannot accept payment details via email or post.

**Payment method:**

[ ]  Card (details provided by phoning 020 3075 1440) [ ]  Cheque

Sum of payment £

Name:

Date:

**SECTION 4: Data protection authorisation form**

Please see notes section 4 for information and advice on completing this form.

One copy of this page to be completed by each doctor requiring verification.

|  |  |
| --- | --- |
| Full name:  |       |
| RCP Code or GMC number: |       |
| Date of birth (dd –mm-yyyy) |       |
| I would like to receive a copy of this verification by post or email: | [ ]  Email [ ]  Post  |

I give my consent for the JRCPTB to confirm my training and certification details to the above requestor.

Signed:

Date:

**Guidance to Help Complete the Verification Request**

**NOTES Section 1 – Request for information**

In section 1 please enter your details in full

* **Full name:** Please enter your full names as it appears on your certificate or as you were listed on the GMC register at the end of training
* **Current name:** Please enter your full current name if this is different to the name you held whilst in training
* **Date of birth:** this is an essential requirement.
* **RCP code/GMC number:** Please enter the RCP code or GMC number you held whilst in training.
* **Specialty/Specialties to be verified:** Please enter the specialty or specialties you trained in and wish to have verified.
* **Start date:** The start date of your appointment you wish to have verified.
* **End date/date of certification:** The date you completed your appointment you wish to have verified. This will be either the date on your certificate or your final day in training.
* **Do you require a hard copy of this verification letter sent to you via post? :** Copies sent via email will be sent as a pdf on headed paper. Postal copies will be printed on headed paper.

**NOTES Section 2 – Address to which the verification letter should be sent**

This section must be completed if you wish your verification to be sent directly to another address.

**NOTES Section 3 – Payment details**

A fee of £10 is payable for each verification request where the doctor is not currently a subscribing member of any of the Royal Colleges of Physicians.

If paying by cheque or banker’s draft please write your full name and date of birth on the reverse.

If paying by card, you must contact us by telephone on 0203 075 1440 to provide your card payment details, once you have submitted your application form. Unfortunately we cannot accept card payment details via email or post.

Please email or post the completed form to:

certificationother@jrcptb.org.uk

Verifications

JRCPTB

5 St Andrews Place

London

NW1 4LB.

Please allow 28 days for the completed request. Verification confirmation will be created on headed note paper and sent via e-mail as a pdf, unless a hard copy is specifically requested in section 2.

**NOTES Section 4 – Data Protection Authorisation**

One copy of this page must be submitted for each doctor in the request. A verification letter will not be sent without the doctor’s consent.