

Form 2. **AGIP registration as a trainee Accredited Independent Practitioner**

Criteria

Trainee membership will be given to those practitioners who:

1. have been employed in GI Physiology for a minimum of 1 year
2. are members of AGIP (BSG)
3. are currently undertaking training in GI Physiology.

Guidance notes

The numbers below correspond to the superscript numbers on the form:

1. Insert the title which you are normally addressed (Dr, Mr, Mrs, Ms etc)
2. This address will be the one given in the register. Please ensure you inform the Council of any future address.
3. Proposer 1 should be the person who you are directly responsible clinically and should be an ordinary member of the BSG. Proposer 2 should be a member of the Register who is an accredited independent practitioner and who knows you and can vouch for the veracity of the information you have given on this form. Sponsors may be approached for references. You may name an additional referee of your own choice if you wish
4. Complete this section on a separate sheet of paper if you need more room. Please indicate any periods of employment in other fields or career breaks.
5. Complete this section on a separate sheet of paper if you need more room. Information on your role in training (In-house or external), research or any office held as part of your function as a clinical physiologist would be of use in this section, recent conferences or seminars attended, or courses undertaken as part of your continuing professional education are also appropriate for this section
6. You should not submit documentary proof at this stage
7. Complete this section on separate sheet(s) preferably using Vancouver style of reference presentation.

Personal Details

Title ¹ _____ Family Name _____

Given Names _____ Date of Birth _____

Address for correspondence²

Postcode _____

Telephone and ext _____ Fax _____

Email _____

Proposers³

Proposer 1

Title _____ Family Name _____

Given Names _____ Date of Birth _____

Address

Postcode _____

Telephone and ext _____ Fax _____

Email _____

I support the application of _____

Signed _____ Date _____

Registration Number _____

Proposer 2

Title _____ Family Name _____

Given Names _____ Date of Birth _____

Address

Postcode _____

Telephone and ext _____ Fax _____

Email _____

I support the application of _____

Signed _____ Date _____

Registration Number _____

Professional Record

Present position _____ Grade _____

Date appointed _____

Address

Postcode _____

Telephone and ext _____ Fax _____

Email _____

Previous positions, in chronological order⁴

Post _____

Grade _____ From _____ to _____

Address _____

Post _____

Grade _____ From _____ to _____

Address _____

Post _____

Grade _____ From _____ to _____

Address _____

Post _____

Grade _____ From _____ to _____

Address _____

Report on previous experience and current practice

Admission to the register requires that you submit a report covering the period of employment in a GI Physiology Unit. You may include any previous experience that you wish to be taken into consideration. The report should be typed, a maximum of four sides A4 paper, and where applicable include reference to the following points.

1. A range of diagnostic and therapeutic techniques
2. Communication with clinical and paramedical staff
3. Interpretation of results and or development of treatment plans
4. Responsibility for planning areas of work activity
5. Presentation of work at a professional meeting
6. Teaching and training
7. Calibration and quality control of equipment
8. Evidence of personal initiative including project work
9. Any other relevant responsibilities, achievements and contributions

Your statement should be signed by your head of department or the person responsible for your training as a correct record (The council may also request a reference from the head of the department).

The council may accept a current job description to cover point 1-9 and this should also be signed by your head of department.

Memberships of professional bodies including examinations obtained with dates and membership numbers

Any other information you wish to bring to the attention of the council⁽⁵⁾

Academic record

Relevant qualifications, with subject(s) class of any degree, education institute and year of achievement⁽⁶⁾

Articles and publications –please submit on a separate sheet(s)⁷

Declaration

I declare that, if my application for membership of the register of members of the Association of Gastrointestinal Physiologists is accepted by the council then for as long as I remain a member of the register I will:

- observe a high standard of professional conduct in practicing as a clinical physiologist in gastroenterology
- defer to the guidance and relevant rulings of the council in questions of conduct
- maintain the dignity and welfare of the council and the reputation of the register to the best of my ability.
- I further declare that the information I have given is true and accurate

Signed _____

Name (Printed) _____ Date _____