

# European Board of Orthopaedics and Traumatology

## Structured Reference Form

(to be read in conjunction with Guidance Notes for Referees)

(Examination Format Section 1/Section 2)

**This form must be submitted in typed format**

### Section A – to be completed by Applicant

Specialty	
Examination Date	
Examination Closing Date for Applications	
Applicant's Last Name	
Other Names in full	
Home Address	
Postcode	
Date of Birth (day/month/year)	

### Sections B – G inclusive – to be completed by Referee

#### Section B

Referee's Name	
Position	
Hospital Address	
Post Code	
Telephone	
Fax	
Mobile	
E-mail	
<b>Please tick relevant box(s)</b>	
Programme Director <input type="checkbox"/>	Clinical/Medical Director <input type="checkbox"/>
Consultant Trainer <input type="checkbox"/>	Head of Department <input type="checkbox"/>
Supervising Consultant <input type="checkbox"/>	
Senior Colleague on National Specialist Register <input type="checkbox"/>	
Chairman/Member Regional Training Committee <input type="checkbox"/>	

My detailed comments on the above applicant's suitability to take this examination are as follows:

**Section C – Diagnostic Skills**

**Section D – Clinical Management**

**Section E – Technical Operative Skills**

**Section F – Professionalism & Probity**

## Declaration

I, the undersigned, declare that:

please



1. I confirm that my name appears on the National Specialist Register
2. I confirm that I have direct experience of the applicant's current clinical practice within the last 3 years.
3. I confirm that I have examined the applicant's portfolio including logbook and summary of operative experience.
4. I confirm that the applicant has achieved the knowledge base to be assessed as a day one consultant in the generality of the specialty.
5. I confirm that the applicant has sufficient clinical experience to be assessed as a day one consultant in the generality of the specialty.
6. I accept that I have a responsibility to the profession and confirm that the information contained in this reference is true and accurate.
7. I confirm that I understand that this structured reference may be released to the applicant if a copy is requested or if it forms part of the documentary evidence in relation to any appeal by the applicant against a decision made by the European Board of Orthopaedics and Traumatology

---

## Section G

I have **no reservations** about this candidate's application for entry to the examination and confirm that, in my view, he/she meets the required standard to be assessed as a day one consultant in the generality of the specialty.

It is my belief that this applicant is **not ready** to take the examination

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Referees are required to return this reference to the applicant in a sealed envelope.**

**It is the applicant's responsibility to ensure that all 2 structured references are submitted with the application form.**

---

## Section H – For official Board use only:

This reference has been approved as acceptable evidence in support of the applicant's eligibility:

Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_