



Application for Associate Membership

It is the aim of the College to advance the effective, safe and ethical practice of aesthetic medicine to the benefit of all concerned through leadership, provision of information, education, support, professional development and the maintenance of the highest professional standards.

Mission Statement

- Maintain medical standards
- Establish practice ethics
- Increase doctor skills
- Educate the public
- Protect the public
- Develop revalidation protocols

The College considers “**aesthetic medicine**” means a medical speciality, undertaken by registered & licensed medical practitioners, comprising a range of surgical and non-surgical procedures or treatments, performed with or without anaesthesia or sedation, to restore, enhance, or modify the appearance, anatomy or physiology of the cutaneous, subcutaneous tissues or associated structures, using techniques which combine aesthetic considerations with the treatment or prevention of diseases, disorders or conditions in the promotion of the physical and mental health of patients.

The College will strive for excellence in efficacy and safety in aesthetic medicine, the delivery of appropriate care, clearly explained to patients and access to adequate training for doctors in new techniques as they are developed.

The College is driving forward aesthetic medicine to gain the recognition and respect enjoyed by all specialised branches of medicine.

Associate membership is the entry level for all new members. A fee of £363.00 is payable per annum for Associate Membership. Full membership is achieved by a doctor who has been an associate member for two years or more and fulfils the criteria to advance to full membership. Further details can be obtained from the office on the telephone number below.

British College of Aesthetic Medicine
Shorne Village Surgery
Crown Lane
Shorne
Kent
DA12 3DY

Tel: 01474 823900

Website: www.bcam.ac.uk



New Member Application Form

Title: _____ GMC No: _____
Forename(s): _____ DBS Cert No: _____
Surname: _____ Date of Birth: _____
Address: _____

Post Code _____
Mobile No: _____ Home Tel No: _____
Email: _____
Business/
Clinic Name: _____
Tel No: _____ Website: _____

Please enclose copies of the following documentation to support your application:-

- Evidence of GMC registration with a licence to practise
- Valid Medical Indemnity Insurance Certificate (showing a minimum of £5million cover for non-invasive cosmetic procedures and £10million for those carrying out invasive surgical procedures)
- Current CV
- Evidence of a minimum of 3 years general professional medical training after full registration
- DBS Enhanced Certificate (needs to be no more than 6 months old on application)
- Certificates of qualifications and training
- Certificates of any Educational & Scientific meetings you have attended.
- Evidence of medical appraisal (if applicable), PDPs/Certificates
- Provide two professional references (using our appointed form, which can be downloaded from our website) from registered healthcare professionals whom have known you for 2 years or more

You may also be asked to produce the following:

- If qualified outside of the European Union then a PLAB Certificate is required, unless exempted
- If qualified in the EEA (other than UK) then an IELTS Certificate (with an overall score of 7.5 or over) may be required, please see our published guidance on English Language requirements.

Details of Post Graduate General Professional Medical Training

If your name DOES NOT appear on either of the GMC Specialist Register or the GMC GP Register, then please complete the Post Graduate General Professional Medical Training table at the end of this application form and include it within your application.

Please confirm you have at least 12 months experience practising within Aesthetic Medicine? YES/NO

Have you any special interests in aesthetic medicine? YES/NO

If yes, please give details _____

Please provide a list of ALL other organisations (NHS, private, charitable or voluntary) in which you work including the managers contact details (phone number & email address) and the nature of the work you undertake:

Name of organisation	Nature of work	Manager's contact details

Please read the following declaration carefully and then sign to say you accept the terms and conditions:

Declaration:

I wish to apply for Associate Membership of the British College of Aesthetic Medicine. I give permission for the College to seek information from any third party to verify my eligibility, standing or qualification for membership.

I declare there are no past or pending cases against me by the GMC or any regulator in the UK or abroad.

If I am accepted as an Associate Member, I agree:

- To be bound by the Articles of Association of the Company and all Regulations adopted by the College.
- To receive company notices, votes, polls and general correspondence in electronic form.
- That the College may send or supply documents or information by making them available through its website.

I understand that acceptance is at the absolute discretion of the Board.

My application must be received in accordance with the Administrative & Member Conduct Regulations, Clause 4 which states "*The Board shall only be required to consider applications for membership which are submitted not less than 60 days before the date of a Board meeting. The Board shall only be required to consider applications of any sort where the prescribed application form has been completed correctly in full, all required documents and evidence has been provided to the satisfaction of the Board and any specified application fee has been paid in full.*"

A non-refundable fee of £363.00 is payable on application:

I enclose a cheque made payable to the British College of Aesthetic Medicine

Please send your completed Application Form and supporting documentation with the correct postage to:

British College of Aesthetic Medicine
Shorne Village Surgery
Crown Lane
Shorne
Kent
DA12 3DY

Applicant's Signature: _____

Date: _____

For office use only

Approved by BCAM Board: _____

Date: _____

Membership No:



Details of Postgraduate General Professional Medical Training (GPMT) (outside Aesthetic/Cosmetic Medicine)

You do not need to complete the table below if - (please tick which applies to you):

1. Your name appears on the GMC Specialist Register or
2. Your name appears on the GMC GP Register

From (full date dd/mm/yy)	To (full date dd/mm/yy)	Details of Post (Hospital address, grade and speciality)	Name of supervising consultant	Contact details of supervising consultant or hospital HR Dept.

You must explain any gaps in training and give full dates. You must demonstrate a minimum of 3 years GPMT. This means training **after** gaining **full** registration with the GMC or equivalent medical regulatory authority.

You should supply any evidence you have of satisfactory completion of the training posts.

Please note: Details may be checked with the hospital and if found to be inaccurate this will be reported to the GMC as a probity issue in relation to your Fitness to Practise.

If this form is not fully completed your application for membership will be rejected on grounds of insufficient PGMT.