Reviewer Registration Form

## Section 1: To be completed by all applicants. About you

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| **Name**  Please give us the name you wish to be addressed by and, if different, the name that you would like to appear in official documents. |  |
| **Type of reviewer**  Please let us know in what capacity you want to review studies. This can be on behalf of your employer (trust, health board or private company), as an independent reviewer (sole trader or limited company) or both. | Employer based (tick or cross here)  Independent (tick or cross here)  Both (tick or cross here) |
| **Job Title** |  |
| **Employing organisation (Employer based applicants only)**  Please also include the work address to which any post could be sent if necessary. |  |
| **Email address**  Please provide a secure email address that you access regularly and is not liable to become full. If you wish to conduct reviews on behalf of your employer this should be a work email address. If known, please indicate if there is file size limit on this email account e.g. can only accept attachments up to 5MB. |  |
| **IRAS authorisation email address**  Please provide the email address you use for IRAS authorisation if this differs from the email address provided above. |  |
| **Contact telephone number**  Please provide a phone number on which you are happy to be contacted in work hours with voicemail which you will access regularly. |  |
| **Line Manager’s name (Employer based applicants only)** |  |
| **Line Manager’s email address (Employer based applicants only)** |  |
| **Line Manager’s contact telephone number (Employer based applicants only)**  Please be aware that if we are unable to contact you for a long period of time we may contact your line manager. |  |
| **Reviewer post applying for**  (please tick one only) | CRE reviewer  MPE reviewer |
| **Which submissions will you review?**  (please tick all that apply) | HRA-managed  Self-managed |
| **If you will review self-managed submissions, please specify which organisations you will do this on behalf of** |  |

## Section 2: To be completed by applicants in Scotland only. Payments information.

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| **What will be your charge for the conduct of the review?**  Please be as specific as possible as this will assist the HRA in assigning appropriate reviewers. Please specify whether your charges include VAT or not |  |

## Section 3: To be completed by CREs only. Specialisms information

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| **Modalities**  (please tick all modalities you have expertise in) | Radiology  Nuclear medicine (all diagnostic procedures)  Nuclear medicine (therapeutic procedures)  Radiotherapy  Additional information: |
| **Clinical knowledge**  (please tick all areas you have clinical expertise in) | Cardiology  Neurology  Oncology  Paediatrics  Rheumatology  Vascular specialities  Other; please specify: |
| **Would you be prepared to consider reviewing scans outside your specialist area for common (general radiology) tests?**  For example:   * plain film radiography (e.g. chest x-rays) * Head CT scans (e.g. for stroke) * Low dose DEXA for body composition | Yes, I would be prepared to consider reviewing general radiology tests (tick or cross here)  No, I would not be prepared to consider reviewing general radiology tests (tick or cross here) |
| **Professional registration**  (please tick which regulator(s) you are registered with | General Medical Council  General Dental Council |
| **Professional registration number** |  |

## Section 4: To be completed by MPEs only. Specialisms information

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| **Modalities** (please tick all modalities you have expertise in) | Radiology  Nuclear medicine (diagnostic)  Nuclear medicine (therapeutic)  Radiotherapy  Additional information: |
| **HCPC registration number** |  |
| **MPE registration number** |  |