

Paediatric Critical Care Specialist Course	
Education Quality Assurance Group Membership Application Form	
This form is to be completed if you would like to be a Peer Reviewer for Paediatric Critical Care Courses	
PERSONAL INFORMATION (To be completed by Applicant) (Please type directly into boxes provided)	
Full Name:	<input type="text"/>
Job Title:	<input type="text"/>
PICS membership number:	<input type="text"/>
Profession:	<input type="text"/>
Hospital:	<input type="text"/>
Ward/Department:	<input type="text"/>
Anticipated Start Date:	<input type="text"/>
Registered Nurse (Adult/Child): Registered Teacher: NMC PIN: Critical Care Course:	<input type="text"/>
Qualifications and Institution:	
If not a registered teacher or holder of a teaching qualification. Please state equivalent:	<input type="text"/>
Your Higher Education: First degrees: Higher degrees: Please state institution and date attained:	<input type="text"/>

Reason for application:	
Brief summary of clinical, education or research experience:	

Hand written and scanned or electronic signature required

CONFIRMATION OF AGREEMENT (To be completed by Applicant and Line Manager):

I accept that at I will peer review a minimum of one Special course centre per year. Failure to do so mean that I forfeit membership of the EQA Group.

The ethos is that PICS-E members should be encouraged to Peer Review and have their own organisation reviewed in return.

Applicant's Signature:

Date:

If am in employment I may need time off from work to complete Peer Review which is supported by the line manager.

Line Managers Name:

Line Managers Job Title:

Line Managers Signature:

Date: