

# BRITISH ORTHOPAEDIC ASSOCIATION



at The Royal College of Surgeons  
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## MEMBERSHIP APPLICATION FORM

**SURNAME:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

[Please complete in black ink]

I wish to become a member of the British Orthopaedic Association, in the category shown  
(see back page for criteria):

- Fellow**  (please tick one box only)  
**Overseas Fellow**   
**Companion Fellow\*** (see below)   
**Member**

I have been engaged in the study and practice of orthopaedic surgery (\*or an allied discipline) for \_\_\_\_\_ years and it is my intention to continue to practise that discipline.

I confirm that I have not previously been a member of the Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Data Protection:** the personal information you provide is held by the British Orthopaedic Association in accordance with the Data Protection Act. Names and addresses may, at the discretion of the Chief Executive, be disclosed to third parties. If you do not wish this information to be released please tick the box

**please complete application overleaf/...**

For Office Use Only:

Fellow  
Overseas Fellow  
Companion Fellow  
Ordinary Member

**PART 1 PERSONAL DETAILS**

SURNAME \_\_\_\_\_

[BLOCK LETTERS] Title: Prof/Mr/Mrs/Miss/Ms/Dr/Other \_\_\_\_\_

First Name/s \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Partner \_\_\_\_\_  
[not for publication]

Home Telephone \_\_\_\_\_

Home Fax \_\_\_\_\_

Home or Personal Email Address \_\_\_\_\_

**PART 2 QUALIFICATIONS**

Medical School \_\_\_\_\_ College Affiliation \_\_\_\_\_

Qualification \_\_\_\_\_ Place \_\_\_\_\_ Date Awarded \_\_\_\_\_

Qualification \_\_\_\_\_ Place \_\_\_\_\_ Date Awarded \_\_\_\_\_

Qualification \_\_\_\_\_ Place \_\_\_\_\_ Date Awarded \_\_\_\_\_

Qualification \_\_\_\_\_ Place \_\_\_\_\_ Date Awarded \_\_\_\_\_

Do you subscribe to any of our **SPECIALIST SOCIETIES**? Please select only those you  
subscribe to. \_\_\_\_\_

[the above will appear in the Handbook]

[For all applications]:

GMC NUMBER \_\_\_\_\_

PRESENT APPOINTMENT (Post title) \_\_\_\_\_

NAME OF HOSPITAL/TRUST/OTHER \_\_\_\_\_

PLEASE GIVE THE START DATE \_\_\_/\_\_\_/\_\_\_ AND END DATE \_\_\_/\_\_\_/\_\_\_ OF YOUR CURRENT POST

Hospital Switchboard Telephone Number \_\_\_\_\_

Direct telephone number at this Hospital \_\_\_\_\_

Direct Fax number at this Hospital \_\_\_\_\_

Email Address at this Hospital \_\_\_\_\_

Name of Secondary Hospital \_\_\_\_\_

Direct telephone number at this Hospital \_\_\_\_\_

Direct Fax number at this Hospital \_\_\_\_\_

Email Address at this Hospital \_\_\_\_\_

**TOPOGRAPHICAL LIST (Work Town shown in the Handbook)**

Town/City \_\_\_\_\_ Country \_\_\_\_\_  
[If no entry is made here, the location of the Main Hospital will be inserted]

**FOR APPLICATIONS AS FELLOW ONLY:**

{circle as applicable}

Was your appointment made following a statutory Advisory Appointments Committee? **Y / N**  
(If so, please attach a copy of the letter of appointment)

Are you on the GMC Specialist Register for Trauma and Orthopaedic Surgery? **Y / N**

Do you hold the CCST? **Y / N**

**PREVIOUS APPOINTMENTS (list most recent appointment first)**

Post/Grade	Hospital/Trust/Other	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART 4 REFERENCES**

The following Home Fellows of the British Orthopaedic Association have agreed to act as referees:

1. NAME \_\_\_\_\_

2. NAME \_\_\_\_\_

**CRITERIA FOR MEMBERSHIP**

1. **HONORARY FELLOWS** may be elected from men or women of distinction, whether lay or professional, who have made an outstanding contribution to orthopaedic surgery.
2. **CORRESPONDING FELLOWS** may be elected from distinguished orthopaedic surgeons resident outside the British Isles who have made a special contribution to British orthopaedics.
3. **SENIOR FELLOWS.** Fellows and Companion Fellows who have retired from all professional practice and are over the age of 60 may apply for Senior Fellowship. Only in exceptional circumstances will Senior Fellowship be granted to applicants under that age
4. **FELLOWS** may be elected from surgeons resident and in independent specialist orthopaedic practice in the British Isles and on the Specialist Register (Trauma and Orthopaedic Surgery) of the General Medical Council or the Medical Council of Ireland.
5. **OVERSEAS FELLOWS** may be elected from orthopaedic surgeons resident outside the British Isles who are established as consultants or specialists and have received part of their training in the British Isles or have shown continued interest in the affairs of the Association.
6. **COMPANION FELLOWS** may be elected from members of allied disciplines who are interested in orthopaedic surgery and are of sufficient seniority.
7. **ORDINARY MEMBERS** may be elected from among Non-Consultant Career Grade orthopaedic surgeons resident and holding substantive posts within the British Isles.
8. **ASSOCIATES** may be elected from those who are, at the time of application, Specialist Registrars or Specialist Visiting Registrars in Trauma and Orthopaedic Surgery. Associateship is normally limited to a maximum tenure of six years.
9. **AFFILIATES** may be elected from among non-medically qualified members of professions allied to orthopaedic surgery and whose work is consistent with the object of the Association as defined in Clause 3 of the Memorandum of Association. Affiliates are not entitled to attend Business Meetings.

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### **OBJECTS**

The Association's objects are the advancement for the public benefit of the Science, Art and Practice of Orthopaedic Surgery with the aim of bringing relief to patients of all ages suffering from the effects of injury or disorders of the musculoskeletal system.