

GASTROENTEROLOGY SUPPLEMENTARY QUESTIONNAIRE

Please use the data from your last successfully submitted annual appraisal to complete this questionnaire.

1.1 Please state whether you are employed by the NHS as a Consultant Gastroenterologist:  Yes  No

1.2 Please state whether you have a sub-specialty interest:  Yes  No

a) If yes, please state the sub-specialty organisations of which you are a member:

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_____
_____

b) Please state the number of PAs, or equivalent time in Private Practice, spent performing your sub-specialty activities during the last year in Private Practice and the NHS:

Sub-specialty	Private Practice	NHS
Bariatric:		
Clinical pharmacology:		
Colorectal:		
Endoscopic surveillance:		
Functional bowel disease:		
Gastrointestinal oncology and prevention:		
Hepatology:		
Inflammatory bowel disease:		
Inherited oncology syndromes:		
Pancreatic disease:		
Reflux oesophagitis:		
Transplantation:		
Tropical disease:		
Other:		
Total:		

*If other, please provide full details*

_____
_____
_____

1.3 Please state whether you have ever performed, or assisted in, bariatric surgery:  Yes  No

a) If yes, please provide a breakdown of the number of procedures you performed during the last year in Private Practice and the NHS and how many years you have performed these procedures:

Procedure	Private Practice	NHS	Number of years' experience performing this procedure
Gastric balloon:			
Gastric band:			
Gastric bypass:			
Gastric sleeve:			
Total:			

b) If you have performed secondary bariatric surgery, please state the nature of the surgery and number of procedures performed:

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c) If you no longer perform, or assist in, bariatric surgery please state the date of the last procedure you performed in Private Practice:

MM / YY

1.4 Do you anticipate any changes to your activities during the next 12 months?

Yes  No

If yes, please provide full details.

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## DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: \_\_\_\_\_ Full name: \_\_\_\_\_

Date: \_\_\_\_\_ MM / DD / YY

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