

GENERAL SURGERY 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 General Surgeon:

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:

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
Breast:		
Colo-rectal:		
Endocrine:		
Upper GI:		
Vascular:		
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 in 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 numbers of procedures performed:

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 Please provide a full breakdown of the number of surgical procedures you performed during the last year in Private Practice and the NHS:

Area of surgery	Private Practice	NHS
Aortic aneurysm		
Breast surgery:		
Reconstructive:		
Cosmetic:		
Bypass surgery		
Carotid endarterectomy		
Cholecystectomy:		
Open:		
Laparoscopic:		
Colectomy:		
Open:		
Laparoscopic:		
Endoscopy:		
Upper GI:		
Lower GI:		
Gastrectomy:		
Haemorrhoids:		
Surgical:		
Other (e.g. banding):		
Hernia repairs:		
Open:		
Laparoscopic:		
Liver surgery		
Lumps and bumps removal		
Oesophagectomy		
Other colo-rectal		
Other endocrine		
Other upper GI (excluding bariatric)		
Thyroid/ parathyroid		
Varicose vein surgery		
Other:		
Total:		

If other, please provide full details:

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1.5 Please state whether you perform any aesthetic procedures in Private Practice: Yes No

a) If yes, please provide a breakdown of the number of procedures you performed during the last year and the products used:

Aesthetic procedure	Number of procedures	Product used
Botox - face:		
Botox - platysmal bands:		
Fillers - temporary:		
Fillers - semi permanent:		
Fillers - permanent:		
Other:		
Total:		

b) If other, please provide full details:

1.6 Do you anticipate any changes to your activities during the next 12 months? Yes No

If yes, please provide full details.

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: _____

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