

GYNAECOLOGY 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 Gynaecologist: Yes No

1.2 Please state whether you provide any obstetric care, including antenatal services, in Private Practice: Yes No

1.3 Please state whether you perform any pregnancy scanning in Private Practice, including any undertaken for non-clinical reasons: Yes No

1.4 Please state whether you perform any pregnancy terminations in Private Practice: Yes No

If yes, please state the number of terminations performed during the last year:

1.5 Please state whether you provide any assisted conception services: Yes No

If yes, please provide a breakdown of the number of procedures performed during the last year in Private Practice and the NHS:

Procedure	Private Practice	NHS
Fertility tests (including male fertility assessment, ovarian reserve test, blocked tubes, ovulation and hormone, fertility immune and NK tests):		
Fertility ultrasound:		
IVF and ICSI treatments:		
Total:		

1.6 Please state whether you have ever used vaginal mesh in Private Practice: Yes No

If, yes, please state:

a) whether you used the transvaginal placement technique: Yes No

b) the number of procedures you performed during the last year:

If you no longer use vaginal mesh please state the date you last used it:

1.7 Please state whether you have ever performed surgery on external genitalia: Yes No

If yes, please confirm that you strictly adhered to the guidelines and legislation for this specialty: Yes No

1.8 Please state whether you have performed any G spot injections, labiaplasty or vaginoplasty in Private Practice: Yes No

If yes, please provide a breakdown of the number of procedures you performed during the last year in Private Practice and the NHS:

Procedure	Private Practice	NHS
G spot injections:		
Labiaplasty:		
Vaginoplasty:		
Total:		

1.9 Please state whether you perform any robotic-assisted procedures in Private Practice:

Yes No

If yes, please state the number of procedures you performed during the last year:

1.10 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: _____ DD / MM / YY

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