

ORTHOPAEDIC 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 Orthopedic Surgeon: Yes No

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

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

1.3 Please state the number of PAs, or equivalent time in Private Practice, spent performing orthopaedic surgery during the last year in Private Practice and the NHS:

Area of surgery	Private Practice	NHS
Ankle/foot:		
Elbow:		
Hip/Hip resurfacing:		
Knee:		
Oncology:		
Shoulder:		
Spinal:		
Sports injuries:		
Trauma:		
Wrist/hand:		
Other:		
Total:		

If other, please provide full details:

1.4 Please state whether you have ever performed invasive spinal surgery, either individually or as part of a team: 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:

Private Practice	NHS

b) If you no longer perform invasive spinal surgery, please state the date of the last procedure you performed in Private Practice:

1.5 Please state whether you have ever performed any other type of spinal treatment, including but not limited to spinal injections (e.g. for pain management) during the last year: Yes No

If yes, please provide full details:

1.6 Please state whether you have ever used metal-on-metal hip implants (e.g. large head hip replacements or all-metal pinnacle cups): Yes No

- a) If yes, please state the number of procedures performed during the last year in Private Practice:
- b) If you no longer use metal-on-metal hip implants please state the date of the last procedure you preformed in Private Practice:

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

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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