**Focused Acute Medicine Ultrasound (FAMUS)**

NEW SUPERVISOR APPLICATION FORM

PLEASE COMPLETE IN CAPITAL LETTERS if handwritten submission

**Personal Details**

Full Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

 Postcode: Click or tap here to enter text.

Mobile No.: Click or tap here to enter text. Email: Click or tap here to enter text.

Current Trust: Click or tap here to enter text.

Current Grade: Click or tap here to enter text. SAM No: Click or tap here to enter text.

**Relevant ultrasound qualification(s)**

Postgraduate qualification: Click or tap here to enter text.

C.A.S.E approved course: Click or tap here to enter text.

FAMUS / FUSIC accreditation (with dates) Thoracic Click or tap here to enter text. Abdominal/renal Click or tap here to enter text.

 DVT / vascular Click or tap here to enter text.

Other: Click or tap here to enter text.

**Relevant ultrasound teaching experience** (e.g., courses as faculty, local or regional teaching sessions)

Click or tap here to enter text.

**Other relevant ultrasound experience** Click or tap here to enter text.

**Current Ultrasound Usage**

Frequency of ultrasound scanning: [ ] Daily [ ] Weekly [ ] Monthly

Estimated number of scans:Click or tap here to enter text.[ ] monthly / [ ] yearly

**Independent scanning dating back \_\_\_\_\_\_\_\_** [ ] **months /** [ ] **years**

Supervisor area(s) applied for: [ ] Thoracic [ ] Abdominal / renal [ ] DVT/peripheral vascular

 [ ] Neph-access [ ] Neph-transplant

Would you be prepared to attend a ‘Train the Trainers’ event, if recommended (no cost) [ ] Yes [ ] No

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**I confirm that the above is an accurate reflection of my ultrasound experience/qualification(s) and that having reviewed the curriculum pack I am competent in overseeing the FAMUS module(s) applied for**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click or tap here to enter text.

**Data Protection**

***Your registration details will be stored on a database by Eventage Ltd on behalf of the Society for Acute Medicine (SAM) in compliance with the General Data Protection Regulation (GDPR), accessed only by administrative staff working on behalf of SAM for the purposes of administering your registration. SAM may, from time to time, send you communications relating to your registration. As a supervisor, your name, position, trust/hospital, date of registration and email address will be made available in the FAMUS directory of supervisors on the SAM website, if you consent.* [ ]  **I consent to having my email address displayed in the FAMUS Supervisor directory on the SAM website**