

CARDIOLOGY 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 Cardiologist:  Yes  No
- 1.2 Please state whether you perform any therapeutic procedures 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:

Type of procedure	Private Practice	NHS
Ablation procedures:		
Coronary artery angioplasty/stent:		
Pacemaker procedures:		
Transluminal closure of septal defect or PFO:		
Therapeutic transluminal valvular procedures:		
Other:		
Total		

If other, please provide full details:

- 1.3 Please state whether you perform any pediatric cardiology in Private Practice:  Yes  No

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

- 1.4 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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