

OPHTHALMOLOGY 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 Ophthalmic Surgeon:  Yes  No

If no, please state your level of training and qualifications:

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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:

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

Ophthalmic	Private Practice	NHS	Oculoplastic	Private Practice	NHS
Ophthalmic cancer surgery:			Blepharoplasty (cosmetic) - lower:		
Laser refractive surgery:			Blepharoplasty (cosmetic) - upper:		
Corneal surgery:			Blepharoplasty (functional) - lower:		
Cataract surgery:			Blepharoplasty (functional) - upper:		
Retinal surgery:			Brow lift:		
Strabismus surgery:			Facial reconstruction:		
Temporal artery biopsies:			Orbital decompression (functional):		
Skin cancer surgery:			Ptosis:		
Orbital decompression (cosmetic):			Total:		

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

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

Aesthetic Treatment	Number of procedures	Product used
Botox - face:		
Botox - platysmal bands:		
Dermal fillers - temporary:		
Dermal fillers - semi permanent:		
Dermal fillers - permanent:		
Other:		
Total:		

If other, please provide full details:

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

If yes, please provide full details.

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## 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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