

RADIOLOGY 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 Radiologist: Yes No
- 1.2 Please provide a percentage split of your time spent between the diagnostic and interventional procedures you have performed in Private Practice and the NHS during the last year:

The total of all activities listed here should equal 100%

	Private Practice	NHS
Diagnostic:	%	%
Interventional:	%	%
Total:	100%	100%

- 1.3 Please provide a breakdown of the number of interventional activities performed during the last year in Private Practice and the NHS:

Specialty	Private Practice	NHS
Breast:		
Cardiac:		
G-I:		
Hepatobiliary:		
Neurosurgery:		
Neurology:		
Vascular:		
Other:		
Total:		

If other, please provide full details:

- 1.4 Please state whether you perform any radiotherapy in Private Practice: Yes No

If yes, please state the number of PAs or equivalent during the last year:

- 1.5 Please state whether you report on mammograms: Yes No

If yes, please state how many mammograms you reported on during the last year in Private Practice and the NHS:

Private Practice:	NHS:

- 1.6 Please state whether you undertake teleradiology in Private Practice: Yes No

If yes, please state the following:

a) on whose behalf you this work was undertaken:

b) the countries of residence of the patients you reported on and how many reports you wrote during the last year:

c) whether you have separate indemnity in place to cover you for these activities:

Yes No

1.7 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	Products used
Botox - face:		
Botox - platysmal bands:		
Fillers - permanent:		
Fillers - semi permanent:		
Fillers - temporary:		
Other:		
Total:		

If other, please provide full details:

1.8 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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