

Nomination Form

Paramedic Representative

Faculty of Pre-Hospital Care Advisory Board

INTRODUCTION

The Faculty aims to promote high standards of pre-hospital care through education, research and teaching. The Faculty Advisory Board plays an integral role in fulfilling this aim. It does this by shaping the strategic priorities of the Faculty, both nationally and internationally, through the provision of expert opinion and advice. The multi-professional ethos of the Faculty is fully represented within the Faculty Advisory Board which has representation from across the full pre-hospital care spectrum.

The current elected representatives' posts are due to end in September 2020 and an election will be held to replace them.

2 x Doctor Representatives

2 x Nurse Representatives

2 x Paramedic Representatives

2 x Non-Health Care Professional Representative

The representative with the highest number of votes in each category will also have a seat on the Faculty's Executive Committee, which is responsible for setting strategy and has overall management responsibility of the Faculty on a day to day basis.

In the event that there are insufficient nominations to go to ballot, the Fellow / Member with the longest tenure as a Fellow / Member will be chosen as the Executive representative.

TIME COMMITMENT

Elected Members will be expected to attend meetings of the Faculty Advisory Board which take place twice a year (in Edinburgh) where they will represent their constituent profession. Beyond attendance at meetings there will be ad-hoc opportunities to promote the work of the Faculty and become involved in a range of pre-hospital activities.

The Faculty Executive representative is additionally expected to attend meetings of the Faculty Executive, which take place six times a year (five via teleconference and one in person at the Annual Conference), where they will report on their constituent profession. Beyond attendance at meetings, by mutual agreement, there will be additional opportunities to promote the work of the Faculty and become involved in a range of pre-hospital activities.

It has been agreed that Fellows / Members will vote within their own profession.

As a Fellow / Member of the Faculty of Pre-Hospital Care (FPHC) you are entitled to nominate yourself to be considered for election to the Faculty Advisory Board.

Doctors: Membership Levels *Practitioner to Advanced Practitioner*

Nurses: Membership Levels Practitioner to Advanced Practitioner

Paramedics: Membership Levels *Practitioner to Advanced Practitioner*

Note: Non-Registered Health Care Professionals at Membership Level *Advanced Provider* also vote for Paramedics

Non-Health Care Professionals: Membership Level *Provider to advanced Provider*

Note: Students may stand as representatives for Non-Health Care Professionals but must demit office when they qualify as a Registered Health Care Professional

ELIGIBILITY

To be eligible an individual must:

- Be a Fellow / Member of the Faculty in good standing
- Have a proposer and a seconder who are Faculty Fellows / Members in good standing
- Be in good standing with the appropriate regulator

Those elected will be invited to attend the Faculty Advisory Board meeting **held in October 2020** (time and date to be confirmed).

TO APPLY

If you wish to nominate yourself for election to the Faculty Advisory Board please:

- Complete, sign and return the nomination form and declarations below before the deadline
- Submit a passport sized head and shoulders photo of yourself along with your application

These should be returned by email to fphc@rcsed.ac.uk , to be received no later than: **4pm on Friday 10th July 2020.**

SECTION A – PERSONAL DETAILS

Important Note: **Denotes data that will be shared publicly for the purposes of the election. All other data is for administrative use only.*

*Surname:	
*First name:	*Preferred first name:
*Title:	HCPC Number:
Date of Birth: (dd/mm/yyyy)	*Profession:
*Region	
Name of Workplace:	*Specialty (if applicable):
Work Address:	
Postcode:	
Home Address:	
Post Code:	College Membership Ref Number:
Work Phone:	Mobile No:
Email:	

Please answer the following question in **no more than 250** words:

Important Note: **Denotes data that will be shared publicly for the purposes of the election. All other data is for administrative use only.*

***Question 3:**
If elected to the FPHC Faculty Advisory Board, what would you bring to the role and what would you hope to achieve during your term of office?

--

SECTION C – DECLARATIONS

Proposer’s Details and Declarations:

*Surname:		
*First name:	Title:	
Date of Birth: (dd/mm/yyyy)	Mobile No:	
Email:		
College Membership Ref Number:	I confirm I am a member of the Faculty in good standing.	<i>(please tick)</i> <input type="checkbox"/>
Signature: <i>a scanned signature is acceptable</i>		

Seconders' Details and Declarations:

*Surname:		
*First name:	Title:	
Date of Birth: (dd/mm/yyyy)	Mobile No:	
Email:		
College Membership Ref Number:	I confirm I am a member of the Faculty in good standing.	(please tick) <input type="checkbox"/>
Signature: a scanned signature is acceptable		

Nominee's Declaration:

By submitting this form I agree that I meet the requirements as set out for the role and I confirm that I do not have any conflicts of interest which may affect my ability to undertake the role on the Faculty Advisory Board and / or the FPHC Executive Committee.		(please tick) <input type="checkbox"/>
I agree to data in the annotated fields being shared publicly as part of the election process.	(please tick) <input type="checkbox"/>	I confirm I am a member of the Faculty in good standing. (please tick) <input type="checkbox"/>
If elected do you agree to have your photograph and a short biography being publicly visible on the Faculty of Pre-Hospital Care website?		
Yes, I agree	(please tick) <input type="checkbox"/>	No, I do not agree (please tick) <input type="checkbox"/>
I have attached a passport sized head and shoulders photo.		(please tick) <input type="checkbox"/>
I have noted the date and time of the Faculty Advisory Board: Faculty Advisory Board meeting held in October 2020 (time and date to be confirmed)		(please tick) <input type="checkbox"/>
Signature: a scanned signature is acceptable		Date: