



Pre-Hospital Trainee Operated Research Network (PHOTON) Chair Application Form

Position of PHOTON Chair

Dr Jame Raitt's term of office as PHOTON Chair comes to an end in July 2020. Applications will be reviewed by the current Chair and the committee to decide the next Chair.

Eligibility

To be eligible an individual must:

- Be registered with the GMC.
- hold or have held a substantive post in a UK Air Ambulance or other UK Pre Hospital Critical Care organisation.

Job profile

- Figurehead of organisation
- Promotes the organisation at a national level
- Resolves any conflicts arising between the PHOTON committee and its members
- Chairs committee meetings
- Steers development of the organisation in collaboration with the executive committee

Other Responsibilities

All committee members will be jointly responsible for:

- Establishing and coordinating research projects
- Presenting PHOTON data at conferences
- Organising a regular Annual General Meeting
- Organising and attending quarterly Committee Meetings
- Arranging educational sessions for PHOTON members
- Mediating in disputes amongst PHOTON members

Term of Office

Individuals elected to the role of PHOTON Chair shall hold office for a period of 2 years and, if necessary, this is extendable by a year. Thereafter, they must stand down for a period of at least one year before being eligible for re-election.

Deadline for Applications

Application forms should be completed, signed and returned either by email to fphc@rcsed.ac.uk to be received no later than the DEADLINE: 4p.m. 3rd July 2020

SECTION A – PERSONAL DETAILS

Important Note: **Denotes data that will be shared with the committee.. All other data is for administrative use only.*

| | |
|------------------------------------|--|
| *Surname: | |
| *First name: | *Preferred first name: |
| *Title: | GMC/IMC/GDC Number (if applicable): |
| 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: | |

SECTION B – PERSONAL STATEMENTS

Please answer the following question in ***no more than 100*** words:

***Question 1:**
Describe yourself and your current roles.

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

***Question 2:**
Please give a short statement outlining why you would be suitable for the role and what you would aim to achieve during your time as chair.

SECTION C -

Applicant's Declaration:

| | | |
|--|--|---|
| <p>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 for the FPHC.</p> | | <p><i>(please tick)</i></p> <input type="checkbox"/> |
| <p>I agree to data in the annotated fields being shared publicly as part of the election process.</p> | <p><i>(please tick)</i></p> <input type="checkbox"/> | <p>I confirm I am a member of the Faculty in good standing.</p> <p><i>(please tick)</i></p> <input type="checkbox"/> |
| <p>If elected do you agree to have your photograph and a short biography being publicly visible on the Faculty of Pre-Hospital Care website?</p> | | |
| <p>Yes, I agree</p> | <p><i>(please tick)</i></p> <input type="checkbox"/> | <p>No, I do not agree</p> <p><i>(please tick)</i></p> <input type="checkbox"/> |
| <p>I have attached a passport sized head and shoulders photo.</p> | | <p><i>(please tick)</i></p> <input type="checkbox"/> |
| <p>Signature: <i>a scanned signature is acceptable</i></p> | | <p>Date:</p> |