

**Pre-Hospital Trainee Operated Research Network (PHOTON) Social Media Representative Application Form**

**Position of PHOTON Social Media Representative**

**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**

* To assist with construction of a new PHOTON webpage
* Regular maintenance of PHOTON webpage
* To assist in promotion of PHOTON and research output across social media platforms
* Quarterly newsletter detailing current and future PHOTON activities

**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**

The individual elected to the role of PHOTON Social Media Representative will be in position 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 completed, signed and returned by email to fphc@rcsed.ac.uk to be received no later than the DEADLINE: **4pm 20th August 2021**

**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:

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| **\*Question 1:**  **Describe yourself and your current roles.** |
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Please answer the following question in ***no more than 250*** words:

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| **\*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 Treasurer.** |
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**SECTION C -**

**Applicant’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 for the FPHC.** | | | | *(please tick)* |
| **I agree to data in the annotated fields being shared publicly as part of the election process.** | *(please tick)* | **I confirm I am a member of the Faculty in good standing.** | | *(please tick)* |
| 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)* | **No, I do not agree** | | *(please tick)* |
| **I have attached a passport sized head and shoulders photo.** | | | | *(please tick)* |
| **Signature:** *a scanned signature is acceptable* | | | **Date:** | |