

**CONFIDENTIAL When Complete**

Nomination Form

Doctor Representative

Faculty of Pre-Hospital Care Advisory Board

# INTRODUCTION

The Faculty of Pre-Hospital Care promotes high standards of pre-hospital care through education, research and teaching. The Faculty Advisory Board plays an integral role by **shaping the strategic priorities** of the Faculty, through the provision of **expert opinion and advice**. The multi-professional ethos of the Faculty is fully embodied within the Faculty Advisory Board which has representation from across the full pre-hospital care spectrum.

This elected post is currently vacant, and once election has taken place, the role will commence immediately and the post holder will be invited to the next Faculty Advisory Board meeting.

# ROLE & REQUIREMENTS

# Elected Members are invited 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.

# You will have the opportunity to:

# Contribute ideas and opinions

# Attend FAB meetings

# Act as a voice for your sector, liaise with other Doctors, bring their ideas/opinions to the table

# Attend events on behalf of FPHC

# Participate as part of a diverse team

# ELIGIBILITY

For eligibility, an individual should simply:

* Be a Doctor in good standing with the appropriate regulator.
* Be a Fellow / Member of the Faculty of Pre-Hospital Care in good standing.
* Identify a proposer and a seconder who are FPHC Faculty Fellows / Members in good standing.

**APPLICATION AND ELECTION**

As a Fellow / Member of the Faculty of Pre-Hospital Care (FPHC) self-nomination is encouraged to be considered for election to the Faculty Advisory Board.

Doctors: Membership Levels Practitioner to Advanced Practitioner Fellow

If you wish to apply, please:

* Complete, sign and return the nomination form and declarations.
* Submit a passport sized head and shoulders photo of yourself.

These should be returned by email to [fphc@rcsed.ac.uk](mailto:fphc@rcsed.ac.uk) , by **5pm on 10 May 2024.**

# 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:** | **GMC/IMC/GDC Number (as 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

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

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:**

**What relevant activity have you undertaken to date that would enable you to be an effective elected representative of the FPHC Faculty Advisory Board?**

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.** | *(please tick)* |
| **Signature:** *a scanned signature is acceptable* | | |

**Seconder’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.** | *(please tick)* |
| **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)* |
| **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)* |
| **I have noted that I will be invited to the next Faculty Advisory Board:** (time and date to be confirmed) | | | | *(please tick)* |
| **Signature:** *a scanned signature is acceptable* | | | **Date:** | |