**CONFIDENTIAL When Complete**

Nomination Form

Non-Healthcare Professional 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 representative post has become vacant and an election will be held to replace them.

|  |
| --- |
| 1 x Non-Healthcare Professional Representative |

**TIME COMMITTMENT**

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.

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.

|  |
| --- |
| Non-Health Care Professionals: Membership Levels Provider to Advanced Provider |

**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 next scheduled Faculty Advisory Board meeting (time anddate 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: **Friday 10 May 2024 at 5pm.**

**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:**  |
| **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 the 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 required to attend the next Faculty Advisory Board:** | *(please tick)* |
| **Signature:** *a scanned signature is acceptable* | **Date:** |