**2024 SUBMISSION FOR CONSIDERATION FOR FELLOWSHIP OF THE FOM**

*Please read carefully the information and guidance for candidates, proposers and seconders before completing a submission form.*

**INSTRUCTIONS FOR COMPLETION**

Please complete the form electronically. The boxes will expand to allow as much text as required to be entered (but please note the word limits to be adhered to, where appropriate).

Parts A and B of this form should be completed by the candidate including as much factual information as possible. The candidate should then pass this to two Fellows, as proposer and seconder, to complete Parts C and D respectively, in support of the application and for onward submission.

Please note that for applications for Fellowship to be considered, the applicant, proposer and seconder must be fully engaged with the revalidation process (including annual appraisal, 3600 multisource feedback, etc.).

**DEADLINE**

Fully completed and signed submissions must be received by the FOM office at [fom@fom.ac.uk](mailto:fom@fom.ac.uk) by **12:00 midday on Monday 8th July 2023** and marked for the attention of the Fellowship and Honours Committee secretariat.

Please do NOT include this page with the submission

**PART A - 2024**

**SUBMISSION FOR CONSIDERATION FOR FELLOWSHIP OF THE**

**FACULTY OF OCCUPATIONAL MEDICINE**

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| **CANDIDATE** | | | |
| Surname |  | | |
| First names |  | | |
| Address |  | | |
| Telephone no |  | | |
| E-mail address |  | | |
| Year of qualification |  | | |
| GMC (UK) or other national registration body/country |  | Registration number |  |
| Year of gaining MFOM |  |
| Other postgraduate qualifications |  | | |
| Current Appointment (s) |  | | |
| GMC Designated Body for Revalidation |  | | |
| Revalidation date  (if based in UK |  | | |

**PART B – 2024 CANDIDATE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| 1 DESCRIBE YOUR OCCUPATIONAL MEDICINE PRACTICE  *Please indicate any noteworthy features of your work, practice, organisation and special interests, including the impact your personal contribution has made, with supporting evidence.*  ***(Word limit: 300 words)*** | |
|  | |
| 2 GIVE DETAILS OF ANY PARTICULAR CONTRIBUTIONS OR ACHIEVEMENTS OVER AND ABOVE THAT EXPECTED OF YOUR POST  *Please include dates to describe the duration of long term commitments and activities and include evidence of the impact you have made. You should also highlight relevant seniority in your career.* ***(Word limit: 300 words)*** | |
|  | |
| 3 PROVIDE EVIDENCE OF YOUR WIDER CONTRIBUTION TO THE PRACTICE OF OCCUPATIONAL MEDICINE  *Please include information on your involvement in education, training and research; with dates where relevant and indicating which activities are current. (See guidance notes)*  ***(Word limit: 300 words)*** | |
|  | |
| 4 LIST ANY SIGNIFICANT PUBLICATIONS  *Please include research papers, editorials, letters, books, or other relevant publications which you have authored or co-authored, indicating where appropriate your involvement.*  ***(Maximum: 15)*** | |
|  | |
| 5 WHAT OFFICES IN THE FACULTY, SOCIETY OR OTHER MEDICAL ROYAL COLLEGES HAVE YOU HELD EITHER CENTRALLY OR IN YOUR REGION? | |
| FOM Offices with dates |  |
| Society Offices with dates |  |
| Offices in other Medical Royal Colleges with dates |  |
| 6 WHAT CONTRIBUTIONS HAVE YOU MADE TO THE AIMS AND WORK OF THE FOMAND/OR SOCIETY OF OCCUPATIONAL MEDICINE? | |
| FOM representative/  Committee memberships, with dates |  |
| FOM examining/  assessing within the last 5 years, with dates |  |
| Contributions to the Society of Occupational Medicine with dates |  |
| 7 LIST ANY OTHER RELEVANT OFFICES OR APPOINTMENTS HELD AT ANY TIME IN ACADEMIC, MEDICAL OR COMMUNITY ORGANISATIONS  *Please give details of your contributions, special efforts or interests in such organisations, with dates.* | |
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| 8 PROVIDE EVIDENCE OF RAISING THE PROFILE OF OCCUPATIONAL MEDICINE/OCCUPATIONAL HEALTH  *Please include examples such as media work, action in Government, speaking at conferences, publishing articles, with dates. (See guidance notes)*  ***(Word limit: 300 words)*** | |
|  | |
| 9 PROVIDE EVIDENCE OF HOW YOU HAVE MADE A DIFFERENCE, HAVING AN IMPACT THROUGH YOUR PRACTICE  *Please include examples such as initiatives resulting in improvement in patient care or the health of a group of workers. (See guidance notes)*  ***(Word limit: 300 words)*** | |
|  | |
| 10 GIVE ANY ADDITIONAL REASONS FOR YOUR APPLICATION  *Please include any outstanding qualities, merit or distinction not adequately covered by the foregoing sections.*  ***(Word limit: 200 words)*** | |
|  | |
| I declare to the best of my knowledge that the information contained on this form is accurate and I am not currently aware of any outstanding disciplinary, professional conduct and/or performance issues against me  AND, if applicable (i.e. those based in the UK),  I am fully engaged with the revalidation process, including annual appraisal.  SIGNATURE OF APPLICANT:  DATE: | |

**PART C – 2024 CANDIDATE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| PROPOSER (must be a Fellow of the Faculty) | | | |
| Surname |  | First names |  |
| Address |  | | |
| Telephone no (work) |  | Telephone no (home) |  |
| E-mail address |  | | |
| GMC (UK) or other national registration body/country |  | Registration number |  |
| Past or present offices held in the Faculty |  | | |
| Current  Appointment(s) |  | | |
| Do you hold a current  licence to practise in the UK? |  | If yes:  Revalidation date |  |
| Number of years for which I have known the applicant |  | | |
| Please complete all of the following: | | | |
| 1 Please describe the basis on which you know the candidate. | | | |
|  | | | |
| 2 Give any additional information which you consider the candidate has omitted. | | | |
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| 3 Give any additional evidence available to you of the impact that the candidate’s practice has made. |
|  |
| 4 Give your reasons for recommending that this candidate is awarded Fellowship. |
|  |
| I confirm that I do not stand to gain any personal benefit from supporting this submission  AND, if applicable (i.e. those based in the UK with a licence to practise),  I am fully engaged with the revalidation process, including annual appraisal.  SIGNATURE OF PROPOSER:  DATE: |

**PART D – 2024 CANDIDATE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| SECONDER (must be a Fellow of the Faculty) | | | |
| Surname |  | First names |  |
| Address |  | | |
| Telephone no (work) |  | Telephone no (home) |  |
| E-mail address |  | | |
| GMC (UK) or other national registration body/country |  | Registration number |  |
| Past or present offices held in the Faculty |  | | |
| Current  Appointment(s) |  | | |
| Do you hold a current  licence to practise in the UK? |  | If yes:  Revalidation date |  |
| Number of years for which I have known the applicant |  | | |
| Please complete all of the following: | | | |
| 1 Please describe the basis on which you know the candidate. | | | |
|  | | | |
| 2 Give any additional information which you consider relevant. | | | |
|  | | | |

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| 3 Give any additional evidence available to you of the impact that the candidate’s practice has made. |
|  |
| 4 Give your reasons for recommending that this candidate is awarded Fellowship. |
|  |
| I confirm that I do not stand to gain any personal benefit from supporting this submission.  AND, if applicable (i.e. those based in the UK with a licence to practise),  I am fully engaged with the revalidation process, including annual appraisal.  SIGNATURE OF SECONDER:  DATE: |