**2024 SUBMISSION FOR CONSIDERATION FOR HONORARY 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 this 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, B and C of this form should be completed by the proposing Fellow including as much factual information as possible. The proposing Fellow should then pass this to a second Fellow to complete Part D in support of the nomination and for onward submission to the Registrar.

Please note that for applications/nominations for Fellowship to be considered, the proposer and seconder must have a current licence to practise in the UK 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 email by **12:00 midday on** **Monday, 8th July 2024** by emailing the Fellowship and Honours Committee secretariat at: [fom@fom.ac.uk](mailto:fom@fom.ac.uk)

Please do NOT include this page with the submission

**PART A - 2024**

**SUBMISSION FOR CONSIDERATION FOR HONORARY FELLOWSHIP OF THE**

**FACULTY OF OCCUPATIONAL MEDICINE**

|  |  |
| --- | --- |
| **CANDIDATE** | |
| Title |  |
| Surname |  |
| First names |  |
| Address |  |
| Telephone no |  |
| E-mail address |  |
| Current appointment(s) |  |

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

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| --- |
| 1. IN WHAT KIND OF POST DO THEY WORK?  *Please indicate any noteworthy features of their work, practice and organisation and special interests* |
|  |
| 1. WHAT ARE THEIR QUALIFICATIONS? |
|  |
| 1. DESCRIBE THE CANDIDATE’S CAREER ACHIEVEMENTS AND EXCEPTIONAL CONTRIBUTION TO OCCUPATIONAL MEDICINE. *Please provide a comprehensive account of the candidate’s eminence and the relevant aspects of their career and achievements.*   *Particular note will be taken of their contribution to education, training, research and practice in the field of occupational medicine and the impact of this work. Note will also be taken of any exceptional contribution to the work of the FOM.* |
|  |
| 1. PLEASE GIVE YOUR REASONS FOR MAKING THIS NOMINATION.  *Please include your assessment of the potential to develop and enhance the work of the FOM as a result of awarding this candidate Honorary Fellowship.* |
|  |
| I confirm that to the best of my knowledge the information given above is correct.  SIGNATURE OF PROPOSER:  DATE: |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 candidate |  | | |
| I confirm that I do not stand to gain any personal benefit from this nomination  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 candidate |  | | |
| Please complete all of the following: | | | |
| 1 Give any additional information which you consider the proposer has omitted. | | | |
|  | | | |
| 2 Give any additional information which you consider relevant. | | | |
|  | | | |
| 3 Give your reasons for recommending that this candidate is awarded Honorary Fellowship. | | | |
|  | | | |
| I confirm that I do not stand to gain any personal benefit from this nomination  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: | | | |