**SUBMISSION FOR CONSIDERATION FOR HONORARY FELLOWSHIP OF THE FOM 2020**

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

**INSTRUCTIONS FOR COMPLETION**

As submissions have to be reproduced for circulation, only forms completed in typescript will be considered. This form may be completed 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 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 for Fellowship to be considered, the applicant, proposer and seconder must have complied with the minimum requirements of the FOM’s or other comparable (i.e. that of another medical Faculty or College) CPD scheme, if appropriate (see proposer and seconder forms). For those making returns to the FOM this means they must either have submitted a CPD return for the period 1 April 2019 – 31 March 2020 and received a certificate to confirm this or completed the CPD online diary; if the submission is to another Faculty or College, they must provide a certificate or other evidence of CPD compliance for their most recent 12 month CPD period. Proposers and seconders with 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 in the FOM office at the above address by **12:00 midday on Monday 13 July 2020,** sent either as hard copy to the Registrar, Dr D Flower, at the above address or electronically (provided they incorporate the signatures of the candidate, proposer and seconder) to 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 - 2020**

**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 – 2020 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 – 2020 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) |  | | |
| Participation in CPD | Please indicate below those years in which you have complied with the minimum requirements of the Faculty’s CPD scheme, submitted a CPD return and received a certificate confirming this (or from 2015 completed the CPD online diary). (This requirement is zero if you have retired and have no income from medical practice and related work including medico-legal and witness work.) | | |
| 2019/20 |  | | |
| 2018/19 |  | | |
| 2017/18 |  | | |
| 2016/17 |  | | |
| 2015/16 |  | | |
| 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, 3600/multisource feedback, etc.)  SIGNATURE OF PROPOSER :  DATE : | | | |

**PART D – 2020 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) |  | | |
| Participation in CPD | Please indicate below those years in which you have complied with the minimum requirements of the Faculty’s CPD scheme, submitted a CPD return and received a certificate confirming this (or from 2015 completed the CPD online diary). (This requirement is zero if you have retired and have no income from medical practice and related work including medico-legal and witness work.) | | |
| 2019/20 |  | | |
| 2018/19 |  | | |
| 2017/18 |  | | |
| 2016/17 |  | | |
| 2015/16 |  | | |
| 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. | | | |
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| 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, 3600/multisource feedback, etc.)  SIGNATURE OF SECONDER :  DATE : |