**STATEMENT OF SUPPORT FOR**

**CANDIDATE**

The following information must accompany the candidate’s application form and evidence of their experience in occupational medicine. This must be completed by a Member or a Fellow of the Faculty of Occupational Medicine.

|  |  |  |
| --- | --- | --- |
| **Name of candidate:** | |  |
| **Relationship with the candidate:**  **(e.g. supervisor, manager, colleague)** | |  |
| **Length of time I have known the candidate:** | |  |
| In my opinion, this candidate has sufficient experience and knowledge to sit the examination for Associateship (AFOM).  I confirm I am in good standing with the Faculty, and I am fully engaged with regular appraisal and GMC approved revalidation processes. | | |
| **Name:** |  | |
| **GMC number:** |  | |
| **Signed:** |  | |
| **Date:** |  | |