**DIPLOMA IN OCCUPATIONAL HEALTH PRACTICE**

**CHIEF EXAMINER APPLICATION FORM**

Please complete this form electronically and return it to **recruitment@fom.ac.uk**
The boxes will expand to allow as much text as needed to be entered.

The Chief Examiner for the Diploma in Occupational Health Practice should be able to demonstrate significant relevant experience and employment in a senior occupational health post.

|  |  |
| --- | --- |
| **Full name** |  |
| **Email address** |  |
| **Telephone number(s)** |  |
| **Home address** |  |
| **Qualifications** |  |
| **Name of the professional body that you are registered with and date of registration** |  |
| **Name of current employer** |  |
| **Current job title**  |  |
| **Date of appointment to current role** |  |
| **Previous employment (if applicable)Please give details of your previous two employers and the positions that you held** |  |
| **Please provide the dates of your last revalidation and appraisal**  |  |
| **Name of professional body/bodies that you are a member of, and your category of membership** |  |
| **Conflicts of interest****Please declare any potential conflicts of interest. Examples include:*** **A financial interest in providing approved courses for candidates for the Diploma in OH Practice.**
* **A family, friend or work association with candidates for the Diploma in OH Practice**

**(If yes please give details)** |  |
| **Please briefly outline why you are interested in applying to be the Chief Examiner for the Diploma in OH Practice.** |
|  |

I confirm that my employer has given permission for me to take on this role, if it is offered, or I am self-employed and can commit the necessary time, and I am fully engaged with the revalidation process.

I confirm that I have no current fitness to practise issues and I am not under any investigation by my professional body.

I confirm that the above information is accurate and understand that the information given on this form may be circulated to a Faculty appointment panel and/or the Faculty Board.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form by email to **recruitment@fom.ac.uk**

Thank you for your application.