**APPLICATION FORM FOR KEY APPOINTMENTS AND MEMBERSHIP OF COMMITTEES, SUBCOMMITTEES AND WORKING GROUPS**

INSTRUCTIONS FOR COMPLETION

**This form should be completed electronically; the boxes will expand to allow as much text as required to be entered. Please complete the form and return it as indicated in the instructions set out in the post advertisement.**

|  |  |
| --- | --- |
| ***I wish to apply for the post of/membership of:*** |  |
| Full name |  |
| Business address |  |
| Home address |  |
| Telephone number |  |
| Email address |  |
| Date of specialist registration with the GMC |  |
| Qualifications |  |
| Present appointment(s) (with dates) |  |
| Two immediate past appointments (with dates) |  |
| Previous service to the Faculty of Occupational Medicine (with dates) |  |
| Please provide your last three appraisal dates to confirm your engagement with the process of annual appraisal. |  |
|  |
|  |
| Revalidation date |  |

|  |
| --- |
| **Please explain, in no more than 250 words, your suitability/how you meet the criteria for this post** (please provide any relevant dates) |
|  |

I confirm that:

my employer has given permission for me to take on this role, if it is offered

**OR** (please delete as appropriate)

I am self-employed and can commit the necessary time

**AND**

I am fully engaged with the revalidation process (including annual appraisal, 3600/multisource feedback, etc)

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed, signed application forms must be returned to the Faculty in accordance with the instructions for the post advertisement.