**APPLICATION FORM FOR KEY APPOINTMENTS**

**AND MEMBERSHIP OF COMMITTEES,**

**SUBCOMMITTEES AND WORKING GROUPS**

**Trainee Representative**

This form should be completed electronically and emailed, **with an up-to-date CV**, to [**training@FOM.ac.uk**](mailto:training@FOM.ac.uk) **by 5:00 pm on Monday, 8 May 2023**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Business Address** |  |
| **Home Address** |  |
| **Email Address** |  |
| **Telephone Number** |  |

|  |  |
| --- | --- |
| **Professional Qualifications (with dates)** |  |
| **Date of Full Registration with the GMC** |  |

|  |  |
| --- | --- |
| **Current Training Appointment** |  |
| **Current Stage of Training** |  |
| **Anticipated CCT Date** |  |

|  |  |
| --- | --- |
| **Previous roles within the Faculty of Occupational Medicine (with dates)** |  |

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| --- | --- |
| I wish to be considered for the following role(s) – please select one or more from the list below: | |
| Trainee Representative |  |

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| --- |
| **Please explain, in no more than 250 words, your suitability for the post(s):** |
|  |

I confirm that both my employer and my Educational Supervisor have given permission for me to submit this application.

I confirm that the above information is accurate and understand that the information given on this form may be circulated to a Faculty of Occupational Medicine appointment panel.

I confirm I will include an up to date CV with this application form

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature**  **(Digital signature is acceptable)** |  | **Date** |  |