|  |  |
| --- | --- |
| **Note to BMFMS Office Staff: Please remove this box before review** | |
| **Working Group applied for:** |  |
| **Working Group Role applied for:** |  |
| **Name:** |  |
| **Hospital:** |  |
| **(Office use) Applicant ID:** |  |

|  |
| --- |
| **Job Title:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Where do you work?** | | | |
| East Midlands |  | East of England |  |
| North West |  | London |  |
| North East |  | Northern Ireland |  |
| Scotland |  | South East |  |
| South West |  | Wales |  |
| West Midlands |  | Yorkshire and Humber |  |
| Outside of UK |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How many births does your unit have per annum?** | | | | | |
| >5000 |  | >5000 |  | <3000 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **How many times have you applied to be on BMFMS working groups before?** | | | |
| Successful applications |  | Unsuccessful applications |  |

|  |
| --- |
| **Please provide a statement about your interest in joining the working group. Please include details of any relevant experience or expertise.**  **If applying for a chair’s role - max 500 words**  **All other working group roles – max 250 words** |

**Please return to** [bmfms@rcog.org.uk](mailto:bmfms@rcog.org.uk)  **by the relevant deadline.**