**BMFMS NOMINATION FORM 2025**

**The completed form and CV should be emailed to** **bmfms@rcog.org.uk**

**PLEASE NOTE:** This form must be submitted by midnight on **Friday 31 October 2025**
Forms received after this date will not be accepted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title**  |  | **First name** |  | **Last name** |  |
| **Email address** |  | **Tel.** |  |
| **Current Post** |  | **Base Hospital** |  |
| **Post applying for**  |  |
| **FIRST PROPOSER (must be a current member of BMFMS)** |
| **Name**  |  | **Signed\*** |  |
| **SECOND PROPOSER (must be a current member of BMFMS)** |
| **Name**  |  | **Signed\*** |  |
| **Personal statement (max 100 words) to appear on website:** |
|  |
| * *I agree that the personal statement provided on this form can be used on the BMFMS website.* [ ]
* *I confirm that all information supplied on this form is correct, to the best of my knowledge.* [ ]
* *I have attached a copy of my CV* [ ]
 |
| **Signature\*** |  | **Date** |  |

 *\*Electronic signatures acceptable*