**BMFMS NOMINATION FORM 2025**

**The completed form and CV should be emailed to** [**bmfms@rcog.org.uk**](mailto: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*