**BMFMS COMMITTEE MEMBER NOMINATION FORM 2018**

**The completed form and CV should be sent to:**BMFMS Secretariat, 27 Sussex Place, Regent’s Park, London NW1 4RG,
or emailed to BMFMS@RCOG.ORG.UK

**PLEASE NOTE:** This form must be submitted by midnight on the 7th September 2018. Forms received after this date will not be accepted.

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| --- | --- | --- | --- |
| Title  |  | Last name |  |
| First name |  | Telephone |  |
| Email address |  |
| Current Post |  | Base Hospital |  |
| **FIRST PROPOSER (must be a member of BMFMS)** |
| Name (CAPS) | Signed |
| **SECOND PROPOSER (must be a member of BMFMS)** |
| Name (CAPS) | Signed |
| **COMMITTEE POSITION SOUGHT (please tick) – Trainee rep** |
| 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. |
| Signature |  | Date |  |