**BMFMS NOMINATION FORM April 2024**

**The completed form and CV should be** emailed to BMFMS@RCOG.ORG.UK

**PLEASE NOTE:** This form must be submitted by midnight on 21st May 2024. 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 | |  | |
| Post applying for | Fetal Medicine rep/ District General Hospital Rep | | | | | |
| **FIRST PROPOSER (must be a member of BMFMS)** | | | | | | |
| Name | | | Signed | | | |
| **SECOND PROPOSER (must be a 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. | | | | | | |
| Signature | |  | | Date | |  |