**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 |  |