



# FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

## APPLICATION FORM FOR ENTRY AS AN AFFILIATE OF THE FACULTY OF PAIN MEDICINE

**This application form is ONLY for use by healthcare practitioners** employed in the United Kingdom in a substantive post approved by the Faculty in the practice of pain medicine and who are not eligible for any other membership category. **Please read the Regulations in Appendix A before completing the form.**

**The application form must be completed online** in full using the PDF version of the document. All information must be submitted electronically. Do not alter the format. **Please read the guidelines in this form carefully**

**Please submit your completed application to [contact@fpm.ac.uk](mailto:contact@fpm.ac.uk).** Large applications should be electronically zipped before sending. The submission will be acknowledged by email.

### Part 1 Contact and reference details

1.1 Title <input type="text"/>	1.2 First name(s) <input type="text"/>	1.3 Last name <input type="text"/>
1.4 Address and postcode <input type="text"/>		1.5 Telephone number (home) <input type="text"/>
		1.6 Telephone number (work) <input type="text"/>
1.7 Gender <input type="text"/>	1.8 Date of birth <input type="text"/>	1.9 Email address <input type="text"/>

### Part 2 Application information

**Please enclose a copy of your personal portfolio and CV.**

2.1 Details of substantive post in the United Kingdom

2.2 State contracted clinical commitment per week devoted to Pain Medicine

*If you are registered with any regulatory body, please provide the information requested below.*

Registration Organisation (if applicable)

Registration number

Date of registration

*If you have any affiliation with the RCoA, please provide the information requested below.*

College (RCoA) reference number

Date of registration

### Part 3

### Applicant's Declaration

**I wish to have my application as an Affiliate of the Faculty of Pain Medicine considered by the Board of the Faculty of Pain Medicine.**

**I enclose all the following documentation:**

- Completed and signed application form**
- Full and current CV**
- Personal portfolio**

**I agree that the Board of the Faculty of Pain Medicine may seek any further information that it considers is relevant to my application, and that my personal details may be made available to a third party(ies), as required, for the purposes of considering this application.**

**I understand that if I do not provide all the information, then the Board of the Faculty of Pain Medicine will be unable to consider this application.**

**I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the appropriate regulatory body.**

**Data Protection Statement**

The Faculty of Pain Medicine (FPM) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The FPM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FPM activities.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email [contact@fpm.ac.uk](mailto:contact@fpm.ac.uk).

4.1 Name of applicant

4.2 Signature of applicant\*

4.3 Date declaration signed

**\*Signature of applicant:** Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission.

**APPENDIX A FACULTY REGULATIONS: AFFILIATE**

13.1 The applicant must:

- a) meet the criteria specified in Ordinance 4A<sup>1</sup>;
- b) be practising pain medicine<sup>2</sup> with the UK;
- c) not be eligible for any other membership category of the Faculty.

13.2 An application, with appropriate supporting paperwork, will be considered by the Faculty assessors designated by the Board to review such applications. The Board will be advised of the approved applications at the next meeting and a letter of confirmation will be sent to the applicant.

**Notes:**

<sup>1</sup> Ordinance 4a of the Royal College of Anaesthetists is:

*A Register of Fellows shall be maintained in accordance with Regulations. The College may also maintain a voluntary register of registered medical practitioners practising anaesthesia, critical care or pain management who are not in membership of the College nor trainees.*

<sup>2</sup> Pain Medicine for the purposes of affiliate describes the work of qualified medical practitioners who undertake the comprehensive management of patients with acute, chronic and cancer pain using physical, pharmacological, interventional and psychological techniques in a multidisciplinary setting.

<sup>3</sup> The Faculty of Pain Medicine of the Royal College of Anaesthetists in the United Kingdom.