



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

FORM OF NOTICE OF INTENTION TO STAND for Election to the Board of the Faculty of Pain Medicine

BOARD MEMBER VACANCY

This form should be signed by the candidate and returned by 15th August 2018. Those eligible to stand must be: Fellows and Members of the Faculty¹, in good standing with the Faculty and the College (where applicable).

Part 1 Contact Details and Supporting Statement

Name of Candidate: (IN BLOCK CAPITALS)													
Full Hospital Address: (IN BLOCK CAPITALS)													
College Ref Number:		Postcode:											
Telephone Number:		Email:											
I, a Fellow of the Faculty of Pain Medicine, do hereby declare that I am a candidate in the election to be held in October 2018 to be a full member to the Board of the Faculty of Pain Medicine.													
Signature of Candidate:								Date:					
Date of Birth:													
		D	D	M	M	Y	Y	Y	Y				
Candidate's Election Statement: (Not to exceed 200 words – anything further will be redacted. Attach separately if required)													

¹ Eligible: Foundation Fellow, Fellow by Examination, Fellow by Assessment, Fellow ad eundem, Member.

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**FORM OF NOTICE OF INTENTION TO STAND
for Election to the Board of the Faculty of Pain Medicine**

SUPPORTING SIGNATURES

This form should be completed and signed by two Fellows, Associate Fellows, Members or Associate Members in good standing with the Faculty and the College (where applicable).

Part 2 Referee Contact Details and Signatures

We, the undersigned Fellows / Associate Fellows / Members / Associate Members of the Faculty of Pain Medicine, do hereby certify that									
Name of Candidate: (IN BLOCK CAPITALS)									
Candidate College Reference Number:									
Is, in our opinion, a fit person to be elected as a full member to the Board of the Faculty of Pain Medicine and we hereby nominate him/her to be a candidate in the election to be held in October 2018.									
1. Signature of Referee:						Date:			
Name of Referee: (IN BLOCK CAPITALS)									
Full Home Address:									
College Ref Number:						Postcode:			
I am a *Fellow / Associate Fellow / Member / Associate Member of the Faculty of Pain Medicine <i>*delete as appropriate</i>									
2. Signature of Referee:						Date:			
Name of Referee: (IN BLOCK CAPITALS)									
Full Home Address:									

College Ref Number:						Postcode:					
I am a *Fellow / Associate Fellow / Member / Associate Member of the Faculty of Pain Medicine <i>*delete as appropriate</i>											