**Nomination form**

**Return to:** [**bapm@rcpch.ac.uk**](mailto:bapm@rcpch.ac.uk)

**Deadline: 30 November 2019**

**Position Applied for: Trainee and Student Representative**

**Nominee Details**:

|  |  |
| --- | --- |
| Title: (Prof/Dr/Mr/Mrs/Miss/Ms) |  |
| Name: |  |
| Position: |  |
| Work Address: |  |
| Tel: |  |
| Email: |  |
| Expected CCT Date: |  |
| I confirm that I am a member of BAPM |  |

**Please tell us in no more than 250 words why you would like to be Trainee and Student Representative for BAPM. (Please note that if we receive more than one nomination for this role and a ballot is organised then this statement will be circulated with details of your name, role and hospital to BAPM trainee members.)**

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**Thank you for your application.**