**Nomination form**

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

**Deadline: 22 March 2020**

**Role Applied for:**

|  |  |
| --- | --- |
| Data Lead |  |
| Representative(s) for Nurses, ANNPs, Midwives and AHPs |  |

**Nominee Details**:

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

**Please tell us in no more than 250 words why you would like to apply for the above role on the BAPM Executive Committee. (Please note that if a ballot is organised then this statement will be circulated with details of your name, role and hospital to BAPM members.)**

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**Thank you for your application.**