**Nomination Form**

Election for FMLM Chair 2017

# Faculty of Medical Leadership and Management

August 2017

Before completing this nomination form, please download the [guidance document](https://www.fmlm.ac.uk/about-us/who-we-are/working-at-fmlm/fmlm-chair-call-for-nominations) and read each section carefully. If you require any further information or assistance please contact:

Email: elections @fmlm.ac.uk

Telephone: 0203 075 1471

Website: <https://www.fmlm.ac.uk/about-us/who-we-are/working-at-fmlm/fmlm-chair-call-for-nominations>

1. **Nomination**

In order to stand for election, a nominated candidate must satisfy the criteria set out in the personal specification of the [Guidance and Role Specification](https://www.fmlm.ac.uk/about-us/who-we-are/working-at-fmlm/fmlm-chair-call-for-nominations).

Candidates must be proposed and seconded by Fellows or Full Members of the Faculty in good standing. For full details of membership and terms of ‘Good Standing’ please see the [FMLM Standing Orders](https://www.fmlm.ac.uk/about-us/who-we-are/working-at-fmlm/fmlm-chair-call-for-nominations).

**Nomination**

*We, the undersigned, wish to nominate for the office of Chair:*

Full name of candidate:

*who has confirmed his or her willingness to be nominated.*

Nominated by:

|  |  |  |
| --- | --- | --- |
| First nominator  | Full name: |       |
|  | FMLM membership no: |       |
|  | Signature: |       |
|  |  |  |
| Seconded nominator | Full name: |       |
|  | FMLM membership no: |       |
|  | Signature: |       |

**Candidate details**

|  |  |
| --- | --- |
| Title: |       |
| First name: |       |
| Surname: |       |
| Email address: |       |
| Contact telephone no: |       |
| Current position: |       |
| Organisation: |       |
| GMC no: |       |
| FMLM membership no: |       |

Please send completed nomination forms with to elections@fmlm.ac.uk by 09:00 on Monday 21 August 2017.

All nomination forms received will be acknowledged within two working days.