

FACULTY LEADERSHIP:

FPM Acute Pain Representative Application Form



Name

Job Title

GMC Number

Telephone

Email

Please provide a short statement highlighting your relevant experience and interest, and why you would like to apply for this role (max 250 words):

Please also submit a short CV

Is there any current restriction or qualification on your registration (with the GMC) to practise medicine within the UK?

YES ☐ NO ☐

If the answer to this question is 'YES', kindly provide details below; the matter will be considered by the Dean or Vice-Dean.

Data management: We will share your application form securely with the appointment panel only. Your data will be stored securely.