**SAS and Locally Employed Doctor Representative vacancies**

**Faculty of Pain Medicine’s Training and Assessment Committee**

**Please indicate which role you are applying for:** SAS/LED Representative (delete as appropriate)

**Name (in full):**

**Region of Application:**

**Contact Email:**

**College Reference Number:**

**GMC Number:**

**Supporting Statement:** (300 words maximum)

*Please describe your current involvement in supporting SAS doctors in Pain Medicine. Include any relevant initiatives you have been part of, your understanding of the challenges facing SAS doctors, and how you would use this role to advocate for and enhance their engagement with the Faculty.*

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**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.

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*Please submit this form including a short version of your CV to* [*contact@fpm.ac.uk*](mailto:contact@fpm.ac.uk)

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