# **Committee position declaration and proposal form**

**Advice to Applicants**

In order to stand for a committee position, you are required to have one proposer and one seconder from among the BOA membership, who must complete the relevant sections of this form (see below).

Before standing for appointment to a committee position, you must declare any information which you think may be of interest to the membership and may impact on your ability to serve on the committee. This should include any matters impacting on your GMC registration or any material information that may cause embarrassment to the BOA.

To stand for appointment to a committee position, there is a requirement that you are in 'current good standing' with the GMC. For our purposes, 'not in good standing' refers to either an interim order being issued and/or conditions or restrictions having been placed on your practice by the GMC or employer and/or suspension from the workplace.

**Applicant statement**

*I confirm that I am in current good standing with the GMC, and have no information to share which may impact on my ability to serve on a BOA Committee. [ ] (Mark with an X to confirm.)*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Electronic signature is acceptable.)*

**Declaration required from proposer and seconder**

**Proposer**

*I confirm that I personally know the candidate and that I am not aware of any information that I believe would impact on their ability to serve on the BOA Council/Committee. [ ] (Mark with an X to confirm.)*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Electronic signature is acceptable.)*

*BOA number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please provide a short statement (200 words max) in support of the candidate’s application:

**Seconder**

*I confirm that I personally know the candidate and that I am not aware of any information that I believe would impact on their ability to serve on the BOA Council/Committee. [ ] (Mark with an X to confirm.)*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Electronic signature is acceptable.)*

*BOA number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please provide a short statement (200 words max) in support of the candidate’s application: