****

c/o **The Royal College of Surgeons of Edinburgh**

Nicolson Street, Edinburgh EH8 9DW

T +44 (0) 131 527 1732

**Email:** ibtphem@rcsed.ac.uk

**Website:** www.ibtphem.org.uk

**Application for IBTPHEM Training Committee – Sub-committee**

**1. Personal Details**

 Title Last name First name(s)

Telephone number Email address

Training Programme Area Role In PHEM Training

**2. Please indicate which sub-committee you are interested in joining**

RecruitmentNational TrainingQualityEducators

**3. Statement of Interest – please indicate why you would like to join the sub-committee and what you will bring to the role?**

**4. Declaration of accuracy and data sharing**

 I agree to the following statement:

* I agree that the information provided by me may be processed, in accordance with the Data Protection Act, for legitimate purposes connected with my application.

**Signature of applicant and date**

**Signature:**

**Date:**