Nomination form to stand for election to the Irish Standing Committee of the Association of Anaesthetists

This form should be completed in block capitals by the candidate and supported by two **full members** of the Association of Anaesthetists who are resident in Ireland. Nominees must be full members of the Association, resident in Ireland and in good standing, and should be proposed and seconded by other full members of the Association also resident in Ireland. Members are elected for a three-year term that can be renewed.

I agree to be nominated for election to the Irish Standing Committee of the Association of Anaesthetists at the forthcoming election. I confirm that I am resident in Ireland and will fulfil the duties and responsibilities required.

[ ]  **Please tick box to confirm**

I agree to comply with the [Association of Anaesthetists Election canvassing guidelines](https://anaesthetists.org/Portals/0/PDFs/Secretariat/Elections/Association_of_Anaesthetists_Election_canvassing_guidelines.pdf).

[ ]  **Please tick box to confirm**

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Address for correspondence (including postcode)** |  |
| **X (formerly Twitter) handle** |  |
| **Current post** |  |
| **Hospital** |  |
| **Telephone (daytime and evening)** |  |
| **Email address** |  |
| **Association Membership number** |  |
| **Signature** |  |
|  |
| We confirm that to our knowledge the above named is eligible to stand for election to the Irish Standing Committee of the Association of Anaesthetists. **To be proposed and seconded by a full member of the Association resident in Ireland.** |
| **Proposed by: Name** |  |
| **Association Membership Number** |  |
| **Signature\*** |  |
|  |
| **Seconded by: Name** |  |
| **Association Membership number** |  |
| **Signature\*** |  |
| **\***If you are unable to obtain physical signatures, typing the names will suffice. If a physical signature is not included, please ask your proposer and seconder to email HonSecretary@anaesthetists.org confirming their support for your nomination. |

Declaration of Conflicts of Interest

Please read the [Association’s conflicts of interest policy](https://anaesthetists.org/Portals/0/PDFs/About%20us/Conflicts%20of%20interest%20policy_rebrand_Jan%202018.pdf?ver=2020-02-17-140315-103) and provide details here of any conflicts of interest that you feel may apply to this role. If you believe you do not have anything to declare, please write nothing to declare in the box.

|  |
| --- |
|  |

Diversity monitoring form

We would encourage you to complete and return the [Diversity monitoring form](https://anaesthetists.org/Portals/0/PDFs/Secretariat/Elections/Diversity%20monitoring%20form.docx) with your application. Information that you provide will be used solely to help us monitor our performance and will not be used for any other purposes. You have a right to choose not to provide this information.