**RCOG International Representative Committee (IRC): Chair nomination form**

**Completing this form**

If completing this form electronically, typing your name counts as a digital signature. If completing this form by hand, please write in ALL CAPITAL LETTERS for clarity. First and second proposers should be consulted and give their consent if not completing the form themselves.

**Eligibility**

Please note only active Fellows and Members who are up to date with their subscriptions, resident and practicing in the country of the IRC, are eligible to propose or to be nominated. [See full Election regulations for details](https://www.rcog.org.uk/about-us/global-network/global-membership/international-representative-committees-ircs/irc-elections/).

**Name of IRC**

Please write the name of the IRC being nominated to:

|  |
| --- |
|  |

**Nomination**

We, being Fellows/Members of the Royal College of Obstetricians and Gynaecologists currently resident in the respective country, hereby nominate:

|  |  |
| --- | --- |
| **Name of nominee:**  | **FRCOG/MRCOG** (delete as appropriate) |

Individuals who nominate any candidate for election must fulfil the following criteria for their nomination to be considered valid:

* To be a Fellow/Member of the Royal College of Obstetricians and Gynaecologists
* To practise and be resident in the same country as the Fellow/ Member hey are nominating for election
* To be up to date with their membership subscription

**By signing this nomination, proposers confirm that they are in good standing and are not in arrears with their subscription to the College.**

**First proposer**

|  |  |  |
| --- | --- | --- |
| Name |  | **FRCOG/MRCOG** (delete as appropriate) |
| Signature |  |
| RCOG registration No.  |  |

**Second proposer**

|  |  |  |
| --- | --- | --- |
| Name |  | **FRCOG/MRCOG** (delete as appropriate) |
| Signature |  |
| RCOG registration No. |  |

**Nominee**

Individuals standing for election must fulfil the following criteria for their nomination to be considered valid:

* To be an RCOG Fellow/ Member in Active Practice, from the date of their nomination and for the duration of the office
* To be a Fellow / Member of the country in which they are standing for office
* To have been nominated in writing by two Fellows/ Members of the same constituency
* To be up to date with their membership subscription

By signing this nomination, I confirm that:

1. I am in good standing and are not in arrears with my subscription to the College
2. My name is NOT currently removed from a medical register nor do I have any restrictions placed against my name by a Medical Regulator in any country.
3. I will inform the RCOG if, during the election period or a subsequent tenure of office, my name is removed from a Medical Register or I have any restrictions placed against by name by a Medical Regulator in any country.

**Nominee’s consent to stand for election**

Enter Nominees’ name in the statement:

|  |  |  |
| --- | --- | --- |
| I, |  | being a fully paid up Fellow/Member of the RCOG in the country of IRC named above, hereby consent to stand for election and agree to be bound by the College’s Regulations and related guidance governing this election. |

|  |  |
| --- | --- |
| Candidate signature |  |
| RCOG registration No. |  |
| Date |  |

**Deadline**

Election timelines and deadlines for nominations will be included in the nomination email and will be 2 weeks following despatch of nomination forms.

**RCOG International Representative Committee (IRC): Chair candidate information form**

**Please complete and return this page with your nomination form**

In the event of a vote, RCOG will use this info to put together a short summary of you as a candidate which will be available on the RCOG website.

**Name of IRC**

Please write the name of the IRC being nominated to:

|  |
| --- |
|  |

**Candidate details**

|  |  |  |
| --- | --- | --- |
| Name |  | **FRCOG/MRCOG** (delete as appropriate) |
| Medical qualifications(full designatory letters) |  |

**Current appointments**

|  |
| --- |
| Position, department and hospital  |
|  |

|  |
| --- |
| Please summarise why you would like to stand for this post in **50 words or less** |
|  |

|  |
| --- |
| Please summarise professional activities, interests and offices held in **50 words or less** |
|  |

Email address

This information is for RCOG use only and will not be published.

|  |  |
| --- | --- |
| Email address |  |