**Royal Society of Medicine – Section Council Application form**

Section Councils play a pivotal role at the RSM and we are always looking for members who would like to get involved.

If you are interested in joining the Section Council, please complete the application form below. Please note you should be an existing RSM member to join a Section Council.

Once your request is sent, a Council Administrator will get in touch and let you know if your application is successful - this may take some time, depending on when the Council is next meeting to discuss applications. Some Councils require some additional details – should this be the case, you will be asked for these separately. Your contact details will be made available to Council representatives who may also get in touch to discuss your application. By submitting this application, you agree for your contact details to be shared with members of the Council.

**Your personal details**

First name:

Last name:

Email:

RSM membership number:

Contact telephone number:

Home town/County:

Current primary professional role:

**Application information**

Why do you want to join the Council?

What experience can you bring to the Council?

Have you attended any RSM Section conferences in the past two years?

Will you be able to attend 60% of council meetings over a consecutive two year period (up to three Council meetings per year)?

[ ] Yes

[ ] No

Would you be willing to help organise and promote the educational conferences of the Section?

[ ] Yes

[ ] No

**Consent for storing your data**

As per GDPR Regulations, we need your consent for us to store your personal data submitted above and process this form.

[ ] Yes, I give permission to store and process my data

[ ] No, I don't consent to storing and processing my data