# APPLICANT INFORMATION

To be completed for Chair and non-lay member positions

Full name: Enter text here

Address: Enter text here

Contact phone number: Enter text here

Email address: Enter text here

Position applying for: Enter text here

Name of committee: Enter text here

## Please ensure you include the following with your application:

* cover letter explaining how you meet the criteria in the person specification and your motivation for applying for the role (maximum 2 pages)
* brief CV, including details of any relevant academic or other research work
* completed declarations of interests form
* completed equalities monitoring form
* the additional information and signed declaration on this form
* names and contact details for 2 referees.

Please read the list of qualities needed for the post and any specific requirements before preparing and submitting your supporting documentation. Your application should include evidence that you have as many as possible of the qualities required.

## Additional information

1. Please note that anyone who meets 1 or more of the categories below will be automatically disqualified from membership of any NICE committee.
2. A doctor who is under investigation[[1]](#footnote-1) by the General Medical Council (GMC), or following investigation by the GMC has had restrictions placed on their practice or been removed from the Medical Register
3. Other professionals who are under investigation for professional misconduct, or have been found to be in breach of appropriate professional standards by the relevant professional body
4. Anyone who meets any of the categories below will not be automatically disqualified, but they may be asked to step down from membership of a NICE committee, at the sole discretion of NICE.

Please delete Yes or No as appropriate for any of the following that apply to you and provide further information on the circumstances:

* a prison sentence or suspended sentence of 3 months or more in the last 5 years YES/NO
* subject of a bankruptcy restrictions order or interim order YES/NO
* have been dismissed (except by redundancy) by any NHS or social care body YES/NO
* have had an earlier term of appointment terminated YES/NO
* under a disqualification order under the Company Directors Disqualification Act 1986 YES/NO
* have been removed from trusteeship of a charity YES/NO

If you have answered YES to any of the points above, please provide further information:

Any committee members or chairs who are appointed because of their up to date professional health and care service knowledge and experience and work in a regulated profession should have an active registration with the appropriate professional body when they are appointed and when their appointment is renewed. For medical committee members or chairs, this includes a licence to practise.

I accept the above conditions for committee membership and confirm that none of the disqualifications listed in points 1a-c above apply, and any items listed in point 2 have been declared.

Name: Enter text here

Signature (type your name or add an e-signature): Enter text here

## Referees

Please provide the contact details of your referees. Your referees will not be approached unless you are invited for membership. Please provide email addresses where possible to ensure these can be requested as quickly as possible.

1. Enter text here

2. Enter text here

The information you provide on this form will be used to assess your suitability for the role.

For more information about how we process your personal data, please see our [privacy notice](https://www.nice.org.uk/privacy-notice).

1. GMC ‘Investigation’ is defined as an investigation into whether the practitioner’s fitness to practice is impaired by reason of one or more of the heads of impairment set out in section 35c(2) of the Medical Act 1983 [↑](#footnote-ref-1)