

**ICM Faculty Tutor Application**

Applications are sought for the post of Faculty Tutor for the **[*Hospital*]**. The vacancy is caused by the resignation of **[*Name*]**. Interested candidates should complete the attached statement and return it to the ICM Regional Advisor.

Applicants should ensure that they have read the more detailed guidance *Roles and Responsibilities for FICM Tutors*, which includes full details on the appointments process, person specification, job description, terms of appointment and time to discharge duties.

The Faculty Tutor *Roles and Responsibilities* document is available online here: <https://ficm.ac.uk/trainingexamsregionaladvisorsfacultytutors/faculty-tutors>

|  |  |
| --- | --- |
| **Name (in full):** |  |

|  |  |
| --- | --- |
| **Region of Application:** |  |

|  |  |
| --- | --- |
| **Hospital of Application:** |  |

|  |  |
| --- | --- |
| **Parent College:** |  |

|  |  |
| --- | --- |
| **Partner Specialty (specify):** |  |

|  |  |
| --- | --- |
| **Contact work address:** |  |

|  |  |
| --- | --- |
| **Contact Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **College/Faculty Ref No:** |  | **GMC Registration No:** |  |

**Statement:** (250 words maximum)

*Please explain why you have applied for the post and highlight the ways in which you match each of the points in the person specification.*

|  |
| --- |
|  |

**Is there any current restriction or qualification on your registration (with the GMC) to practice medicine within the UK?**

**YES**   **NO**

If the answer to this question is ‘YES’, kindly provide details in the box below. The matter will be considered by the Faculty. (*Please continue on a separate sheet if necessary*).

|  |
| --- |
|  |

**Applicant’s Declaration**

I wish to have my application to become a Tutor of the Faculty of Intensive Care Medicine considered by FICM. I confirm that, to the best of my knowledge, all of the information that I have provided herein represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.

Please tick this box if you agree with the above statement

Date (*DD/MM/YYYY*)

***NB: Please also include a short version of your curriculum vitae with your application and send all of the documents to:*** [***contact@ficm.ac.uk***](mailto:contact@ficm.ac.uk)

**Endorsed by REGIONAL ADVISOR IN INTENSIVE CARE MEDICINE**

ICM RAs may also endorse FT candidates via direct email to FICM. If the below is not ticked, then the application must be received directly from the ICM RA with written endorsement.

**Applications which are not endorsed by the local ICM RA or submitted directly to the FICM with written RA approval will be returned.**

|  |  |
| --- | --- |
| **Name of RA:** |  |

|  |  |
| --- | --- |
| **Region:** |  |

Please Tick Date (*DD/MM/YYYY*)

**Supported by THE CLINICAL DIRECTOR IN INTENSIVE CARE MEDICINE**

ICM Clinical Directors may also support FT candidates via direct email to FICM. If the below is not ticked, then the application must be received directly from the Clinical Director with written support to [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk)

**As Clinical Director I acknowledge the value of the role to the department and will ensure the applicant's activity as ICM Faculty Tutor will be appropriately reflected in job planning**

|  |  |
| --- | --- |
| **Name of Clinical Director:** |  |

|  |  |
| --- | --- |
| **Region:** |  |

Please Tick Date (*DD/MM/YYYY*)

**Data Protection Statement**

The Faculty of Intensive Care (FICM) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The FICM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FICM activities.

The information provided on this form will be processed and shared as appropriate with those regional constituents and Faculty members involved in the election process. Sharing of the data in this way is necessary to assess applications.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk)