

BMA committee visitors scheme

Application form

The BMA committee visitors scheme gives you the opportunity to participate in BMA work and have your say in how the profession is run. For any queries regarding the scheme please contact CVS@bma.org.uk.

- If applying for a branch of practice committee then you must be affiliated with that branch.
- To be eligible you must never have attended the committee being applied to as a representative, deputy, or observer.
- To be eligible you must not have participated in the BMA committee visitors scheme before.
- Seats are distributed on a first-come, first-served basis. However preference will be given to members that have never sat on a BMA committee before.
- If the committee you are applying to is full you will be offered a place on your second or third preference committees, or added to a waiting list.
- Visitors seats are non-voting positions. When taking part in this scheme you are not a representative of the committee or the BMA. A non-voting visitor seat has no formal designation, therefore, when speaking you should not identify as a BMA representative. Eg 'I am Dr McCoy, a BMA visiting member of the consultants committee'.
- Travel, accommodation, and childcare expenses, as well as the cost of any reasonable adjustments, will be met.
- Visitors are not eligible for honoraria.
- The BMA committee visitors scheme will run from September 2019 to the end of June 2020.

If you would like to apply for a place on the BMA committee visitors scheme please enter your details below.

Name	Click here to enter text.
BMA membership number	Click here to enter text.
Branch of practice	Click here to enter text.
Preferred email address	Click here to enter text.
Preferred phone number	Click here to enter text.

Please enter the names of the councils or committees that you would like to apply to, in order of preference.

Please note that if you are applying for a branch of practice committee you must be affiliated with that branch.

First preference	Click here to enter text.
Second preference	Click here to enter text.
Third preference	Click here to enter text.



Have you sat on any BMA committees before? (Please tick)

Under this scheme you are not eligible to visit a committee of which you have previously been a member.

Yes No

If yes, please list the committees below and the dates during which you were involved?:

Click here to enter text.

Information for memorandum of understanding letters and declarations for internal elections.

- The BMA can only function with the contributions of those members who wish to participate as representatives. Thank you for making the commitment to help represent your colleagues. In order that BMA representatives can work together effectively the following principles are important.
- In order to speak on behalf of the BMA you must have been authorised by the press office and your committee chair. If you are not authorised you must decline any invitations to comment on behalf of the BMA.
- When taking part in this scheme you are not a representative of the committee or the BMA. A non-voting visitor seat has no formal designation, therefore, when speaking you should not identify as a BMA representative. Eg 'I am Dr McCoy, a BMA visiting member of the consultants committee'.
- When speaking in a personal capacity you should explicitly ask not to be identified as a BMA representative.
- If you are approved to speak to or communicate in the broadcast, print or social media as a BMA representative, or are identified as such, you should honestly represent the views of the BMA.
- Committee officers should coordinate media engagements with the press office.
- You should declare conflicts of interest to your committee chair/committee secretary as appropriate.
- You should uphold the confidentiality of your committee when requested. If in doubt, ask the committee chair.
- You should behave in a professional manner at all times. Robust debate is sometimes essential in forming policy, but you should always treat patients, colleagues and staff with respect.

Please tick this box to confirm that you agree with the above terms.

Please sign and date here, before returning this form to CVS@bma.org.uk.

Name	Date
------	------