Nomination form for the by-election of one occupational medicine representative to the council of the BMA for the 2020-21 to 2021-2022 sessions

You must complete this form by referring to the numbered reference notes in the information for candidates booklet which accompanies this form. If you do not have a copy please visit BMA council elections to download the booklet or contact Alex Lonie at Alex.Lonie@civica.co.uk or 020 8829 8452.

Nominations must be made via the link https://www.cesvotes.com/bmanoms21. Late or incomplete nominations will not be accepted.

If you experience any difficulties submitting or completing the nominations via the link please contact Civica Alex.Lonie@civica.co.uk.

The election is only open to BMA members. All overseas members by definition, have no assigned region and so are excluded from standing as candidates and voting in the national or regional elections. All members standing for election must ensure that they are in a position to maintain their non-overseas status for the duration of any appointment under this process. Any change to a members’ address which would result in a reclassification of the member as an overseas member will invalidate the member’s appointment with effect from the date of the reclassification.
Candidate details

Forename(s)/initial(s) [See note 1 on the ‘Information for candidates’ document]

Surname

BMA membership number

(‘Geographical’) region / (this will be your region / and is determined by what division you are listed under via your preferred address on the BMA’s register of members at the time election nominations open, 10 May 2021) [See note 2]

Branch of practice at the time nominations open (and in which you spend the majority of your remunerated medical time) [See note 3]

Occupational medicine

Year of qualification

Job title

Preferred contact address

Postcode

Email address

Daytime telephone

Mobile

Gender [See note 4]

☐ MAN  ☐ WOMAN  ☐ OTHER  ☐ PREFER NOT TO SAY

Candidate information for BMA members

This is your chance to highlight to members why they might vote for you. As well as sending the information to all voting members of the BMA with their ballot papers, we may also encourage as many members as possible to take part in the council elections by making this information available through a dedicated, searchable area of our website and through BMA News and other media. (Please see the notes for more details on this information). Please note in the ‘Information for candidates’ how your statement and other information will be formatted for distribution to voters.
Your electoral statement [See note 5]

Please set out why you think members should vote to elect you to the BMA council. You may wish particularly to highlight your experience, ideas, interests and priorities. This will appear as one continuous paragraph on the submission to voters. *[FINITE SPACE – UP TO 150 WORDS APPROXIMATELY HERE ONLY]*
Your brief message [See note 6]

Please provide a short quote, which sums up your message about your candidature to the membership. This will appear as one continuous paragraph on the submission to voters. *[FINITE SPACE – UP TO 20 WORDS APPROXIMATELY HERE ONLY]*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ I attach a recent passport sized photo of myself for inclusion on the candidates statements (optional).

Candidate’s declaration and confirmation of details

I confirm that:

☐ I am a voting member of the BMA and am willing to serve, if elected, as a member of the council of the BMA for the sessions 2020-21 to 2021-2022.

☐ I understand that I will be bound by the BMA code of conduct. Copies available from the website.

☐ I have read the Information for Candidates booklet and the elections memorandum of understanding, and noted the dates of the meetings of council.

☐ I have fully completed the form.

☐ The information on this form is correct.

If it is found during the election, or following the election, that you have incorrectly entered your electoral zone or branch of practice, you will be excluded from the election / your election as a council member will be void. If you have any doubt about your nomination you should consult with Civica before submission. Changes will not be permitted to your nomination following the closing date for nominations. If you wish to change your nominations once submitted you must do so prior to the close of nominations by contacting Civica.

By adding my name below to this form I confirm that I am lawfully entitled to stand for the position to which it relates and I specifically confirm that I have not committed any offence pursuant to which section 45B of The Trade Union Labour Relations (Consolidation) Act 1992 relates.

Name ___________________________ Date ___________________________