**FACULTY OF PHARMACEUTICAL MEDICINE - ELECTION OF PRESIDENT 2024**

**ELECTION STATEMENT FROM CANDIDATE**

**Important information for election candidates:**

The information provided in this form will be circulated with ballot papers in the event that a ballot is required. The free text sections have maximum word limits and only the stated number of words as submitted will be circulated by FPM.

**Please complete the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Forename(s):** |  | **Surname:** |  |
| **Post-nominals:** | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you currently hold medical registration?** | Yes |  | No |  |
| **If yes, please indicate the name of your medical registration body / bodies and also your registration number/s:** | | | | |

**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you currently hold a separate Licence to Practise?** | Yes |  | No |  |
| **For some medical registration bodies this question will not apply and you should indicate that here.** | | | | |

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| --- |
| **A summary of your current or most recent scope of medical practice (max. 120 words)**  *(Please use this section to indicate if you are currently working or retired, if you are employed or self-employed and any special interest areas or voluntary roles. This section should be a summary as you can expand on these details in the next section if you wish.)* |

|  |
| --- |
| **Statement to support your nomination (max. 750 words)**  *(Please use this section to provide additional information to support your nomination. Please state the* ***two priorities*** *that you would like to focus on during your term of office. Please explain why these priorities are important for FPM, how they align with FPM’s current strategy and what you will do to achieve them).* |

**Declaration:**

I hereby consent to my nomination for the office of President and confirm that I am not legally disqualified from acting as a trustee of a charity within England or Wales (see overleaf). I also confirm that I do not have any current sanctions, restrictions or warnings attached to medical registration anywhere in the world and that I am not aware of any unresolved fitness to practice proceedings relating to my medical practice. I confirm that if elected I will comply with FPM’s Code of Conduct for trustees and Declaration of Interests Policy.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature\*: |  | Date: |  |

*\*electronic signature is acceptable*

# **Guidance from Charity Commission**

# **Eligibility to be Trustee**

# **Election Statement includes a signed declaration of eligibility**

You must be at least 16 years old to be a trustee of a charitable company or a charitable incorporated organisation (CIO), unless the charity’s governing document says you must be older. You must be at least 18 to be a trustee of any other type of charity.

You must be properly appointed following the procedures and any restrictions in the charity’s governing document.

You must not act as a trustee if you are disqualified under the Charities Act. This includes if you:

* are disqualified as a company director
* have an unspent conviction for an offence involving dishonesty or deception (such as fraud)
* are an undischarged bankrupt (or subject to sequestration in Scotland), or have a current composition or arrangement including an individual voluntary arrangement (IVA) with your creditors
* have been removed as a trustee of any charity by the commission (or the court) because of misconduct or mismanagement

If your charity wants to appoint someone who is disqualified as a trustee, you can apply to the commission for a waiver. Whether the commission can grant a waiver will depend on the particular circumstances. For example, the commission can’t grant waivers for disqualifications under company director disqualification or insolvency legislation.

For full details please see Charity Commission Website <https://www.gov.uk/government/organisations/charity-commission>