



## Application for Membership to EXPERT ADVISORY COMMITTEES

Please complete all sections of this form and use Section 9 to include additional supporting information as required. Please contact [CSTRecruitment@mhra.gov.uk](mailto:CSTRecruitment@mhra.gov.uk) or 0203 080 6060 if you require any additional information including the need for an accessible format where possible. Applications should be submitted electronically, details of which can be found at the end of the form.

### Section 1. Personal details

<b>Title</b>	Choose an item.	<b>Title other:</b>	
<b>Surname</b>			
<b>Forename</b>			
<b>Post-nominal initials</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Personal telephone number</b>			
<b>Personal email address</b>			

### Section 2. Employment details

<b>Current job title</b>			
<b>Work address</b>			
<b>Postcode</b>			
<b>Work telephone number</b>		<b>Alternative mobile number</b>	
<b>Work email address</b>			

Preferred correspondence

Personal

Business

### Section 3. Post applied for

Professional

Lay

Please indicate which Expert Advisory Committee (EAG) you are applying for:

Clinical Trials, Biologicals and Vaccines (CTBV)	<input type="checkbox"/>	Chemistry, Pharmacy and Standards (CPS)	<input type="checkbox"/>
Cardiovascular, Diabetes, Renal, Respiratory & Allergy (CDRRA)	<input type="checkbox"/>	Gastroenterology, Rheumatology, Immunology, Dermatology (GRID)	<input type="checkbox"/>
Infection (I)	<input type="checkbox"/>	Medicines for Women's Health (MWH)	<input type="checkbox"/>
Neurology, Pain & Psychiatry (NPP)	<input type="checkbox"/>	Oncology & Haematology (OH)	<input type="checkbox"/>
Paediatric Medicines (PM)	<input type="checkbox"/>	Pharmacovigilance (P)	<input type="checkbox"/>
Other <i>please specify</i>	<input type="checkbox"/>	Click here to enter text.	

### Registration and licensing

If you are applying for a post that requires you to be medically qualified and practising, you will need to confirm the continuation of your licence.

I confirm that I hold a full registration with a licence to practice and intend to revalidate my licence on its expiry.

Yes	<input type="checkbox"/>
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N/A	<input type="checkbox"/>
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If you answered 'Yes' above, please provide the following:

GMC number

Revalidation date

### How did you learn about this position?

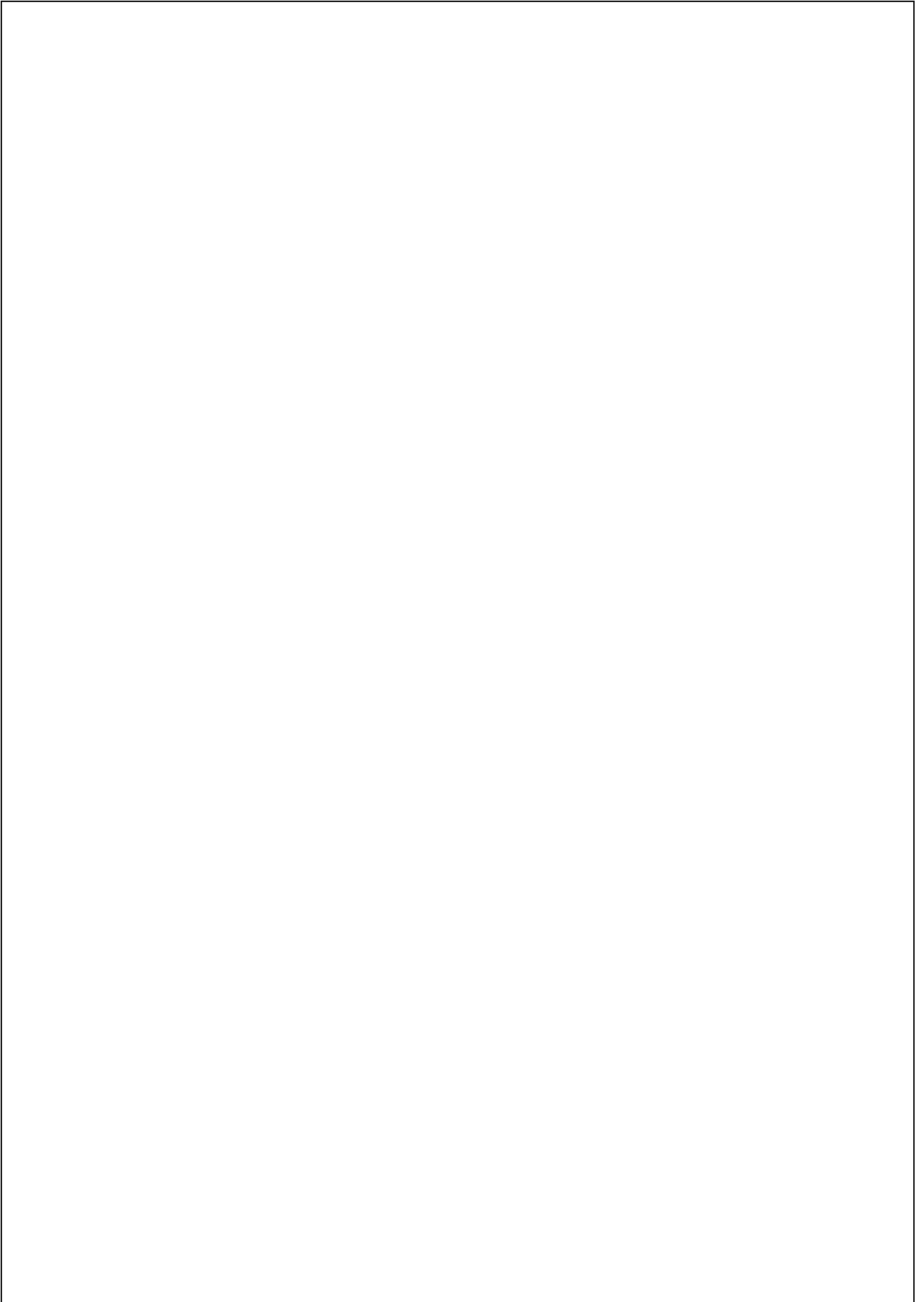
MHRA Website / Social Media	<input type="checkbox"/>	DHSC Appointments Twitter account	<input type="checkbox"/>	Journal / newspaper	<input type="checkbox"/>
Networks e.g. Royal Colleges, Committee Member (please give details below)	<input type="checkbox"/>	NHS Jobs	<input type="checkbox"/>	Others	<input type="checkbox"/>
<i>Please give details of your selection</i>	Click or tap here to enter text.				

### Current Membership of any Professional Body / Organisation

Please give details:

## Section 4. Evidence for Position Applied

Please set out how you meet each of the criteria for appointment as stated in the person specification for the role.



4. Please provide evidence of one or more of the following statements.

Successful applicant (s) should demonstrate the following:

- Able and willing to work within the constraints of confidentiality
- Able to give the appropriate time commitment including allocating appropriate time to read materials in advance of meetings
- Be willing to develop an understanding of medicines regulation
- The ability to focus on the long-term or widespread implications of decisions

## Section 5. Declaration of Interests

All committee members are required to disclose of any business or personal interests that might be relevant to the work of the EAGs or Committees and which could lead to a real or perceived conflict of interests were you to be appointed. A completed Declaration of Interest (DOI) form must be submitted with your application, please note that if your appointment is successful, members' DOI are submitted annually and published with the minutes of each meeting and annually in the Medicines Act Bodies Annual Report.

## Section 6. References

Please give details of two referees. One referee must be the person to whom you are/were accountable in your current/recent appointment or position of employment. Offers of appointment will not be offered until we have received satisfactory references.

<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Contact number</b>		<b>Contact number</b>	
<b>Email address</b>		<b>Email address</b>	
<b>Relationship with applicant</b>		<b>Relationship with applicant</b>	

## Section 7. Ministerial Appointments Currently Held

Do you currently hold any Ministerial appointments made by or on behalf of Ministers?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered 'Yes', please provide additional information and continue in section 9 if required.

Body	Term of appointment		Payments received	Government Department
	From	To		

## Section 8. Committee Appointments Currently Held

Do you currently hold or are you currently applying for **any other role** within a MHRA/CHM committee?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered 'Yes', please select the role you hold or applying for and provide additional information in section 9.

Professional

Lay

## Section 9. Additional Supporting Information

Please include any additional information you may feel relevant to your application.



## Section 10. Declaration and Signature

It is essential that you read and confirm that the information submitted in the application form is true and correct by signing the declaration. Providing misleading or false information in support of your application for a post will disqualify your application and if appointed your tenure of office may be terminated. It is essential that you read and confirm that you are fully aware of the standards of probity required by public appointees as outlined in the [Code of Practice for Scientific Advisory Boards \(CoPSAC\)](#);

The Governance Code on Public Appointments, published by the Cabinet Office, sets out the principles that should underpin all public appointments. The Governance Code can be found at <https://www.gov.uk/government/publications/governance-code-for-public-appointments>.

Applications are retained for 1 year after recruitment campaign has been finalised.

**Print Name**

**Signature**

**Date**

**This form should be returned with the completed Declaration of Interest, your CV and Monitoring Form to: [CSTRecruitment@mhra.gov.uk](mailto:CSTRecruitment@mhra.gov.uk)**



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