



Application for Membership to EXPERT ADVISORY COMMITTEES - DEVICES

Please complete all sections of this form and use Section 9 to include additional supporting information as required. Please contact 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

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

Section 2. Employment details

Current job title			
Work address			
Postcode			
Work telephone number		Alternative mobile number	
Work email address			
Preferred correspondence	Personal <input type="checkbox"/>	Business <input type="checkbox"/>	

Section 3. Post applied for

Professional

Lay

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

Artificial Intelligence, Software and App	<input type="checkbox"/>	Paclitaxel	<input type="checkbox"/>
Plastics, Reconstructive and Aesthetic Surgery	<input type="checkbox"/>	Spinal	<input type="checkbox"/>
In-Vitro Diagnostics	<input type="checkbox"/>		<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"/>	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?

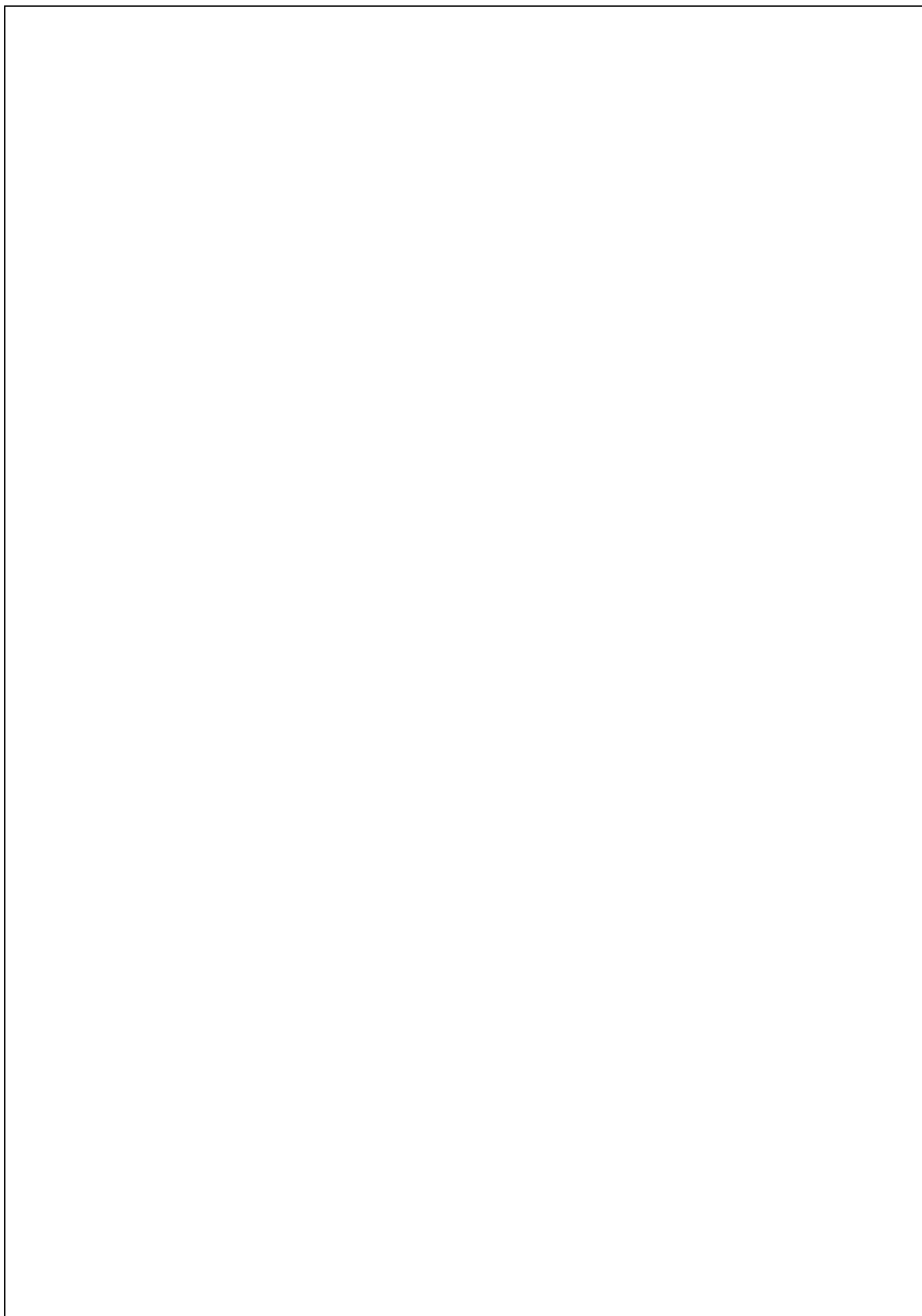
MHRA Website/Social Media	<input type="checkbox"/>	DHSC Appointments Twitter account	<input type="checkbox"/>	Journal/newspaper	<input type="checkbox"/>
Networks e.g. Royal Colleges, Committee Member (please give details in the box below)	<input type="checkbox"/>	Other	<input type="checkbox"/>		
<i>Please 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 read the information particularly the part that sets out the qualities required and the role description of the members of expert advisory groups before you begin. This is important, as the selection for these posts will be based on these criteria. Please set out how you meet each of the criteria for appointment as stated in the person specification for the role.



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

Successful applicant (s) should demonstrate the following:

- Be willing to develop a working knowledge and understanding of UK medical device regulatory framework and procedures
- Maintain strict confidentiality with respect to the work of the EAG
- Be willing to declare conflicts of interest and adhere to the Code of Practice.
- Be committed to the values of selflessness, integrity, objectivity, accountability, professionalism, impartiality and consistency.

*This page is intentionally left blank for additional information for **Section 4. Evidence for Position Applied.***

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.

Name		Name	
Address		Address	
Contact number		Contact number	
Email address		Email address	
Relationship with applicant		Relationship with applicant	

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 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	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

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

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