



Medicines & Healthcare products
Regulatory Agency

**Application for Membership to
REVIEW PANEL - MEMBER**

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	<input type="text" value="Choose an item."/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Post-nominal initials	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Personal telephone number	<input type="text"/>
Personal email address	<input type="text"/>

Section 2. Employment details

Current job title	<input type="text"/>		
Work address	<input type="text"/>		
Postcode	<input type="text"/>	Alternative mobile number	<input type="text"/>
Work telephone number	<input type="text"/>		

Work email address

Preferred correspondence

Personal <input type="checkbox"/>	Business <input type="checkbox"/>

Section 3. Post applied for

Specialist Member Lay Member

Registration and licensing

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

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

Yes	<input type="checkbox"/>	N/A	<input type="checkbox"/>
-----	--------------------------	-----	--------------------------

If you answered 'Yes' above, please provide the following:

Revalidation date

Registration number (if relevant)

How did you learn about this position?

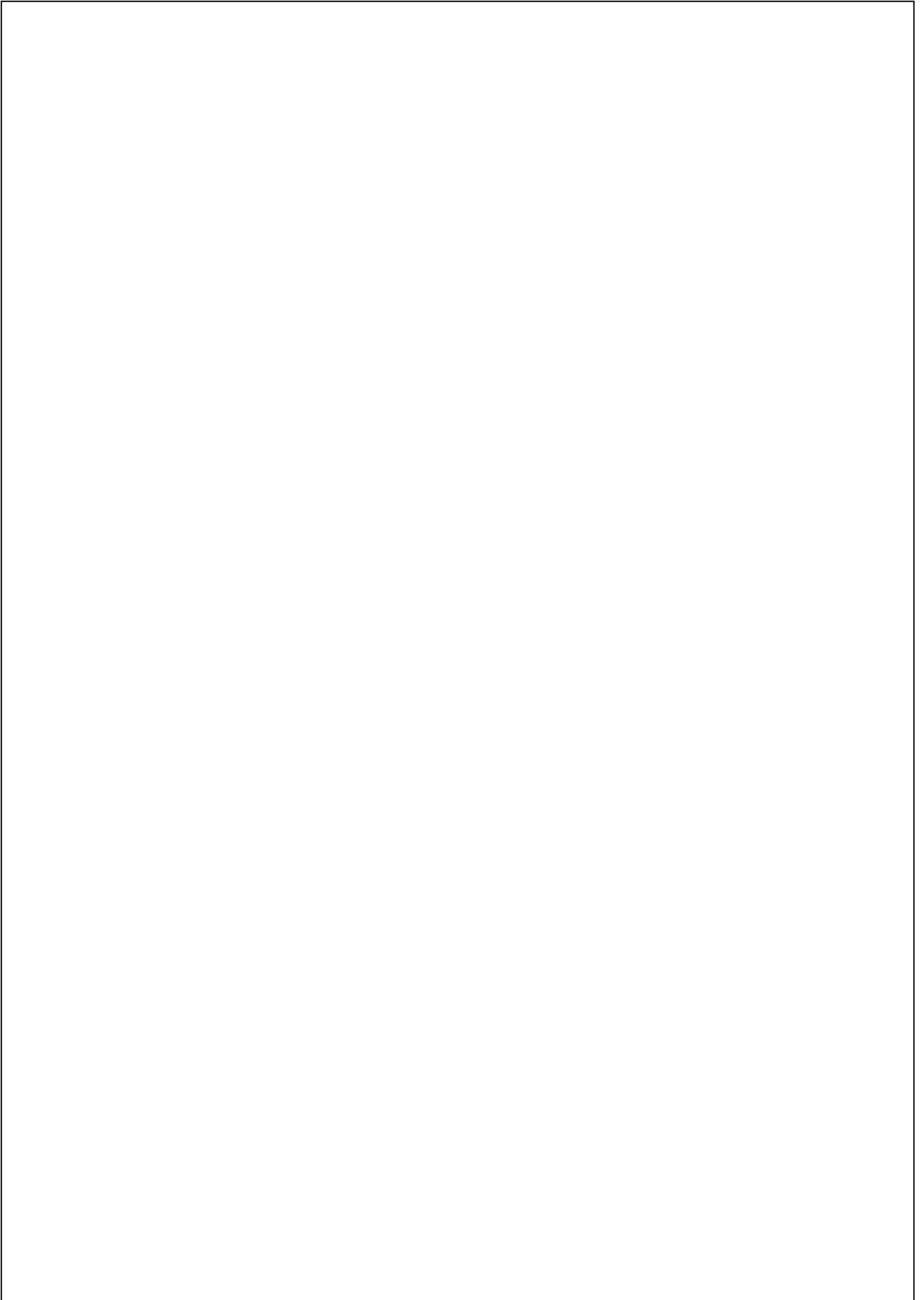
MHRA Website/Social Media	<input type="checkbox"/>	Networks e.g. Royal Colleges, Committee Member (please give details in the box below)	<input type="checkbox"/>	Journal/newspaper	<input type="checkbox"/>
Other	<input type="checkbox"/>				
<i>Please give details of your selection</i>	Click or tap here to enter text.				

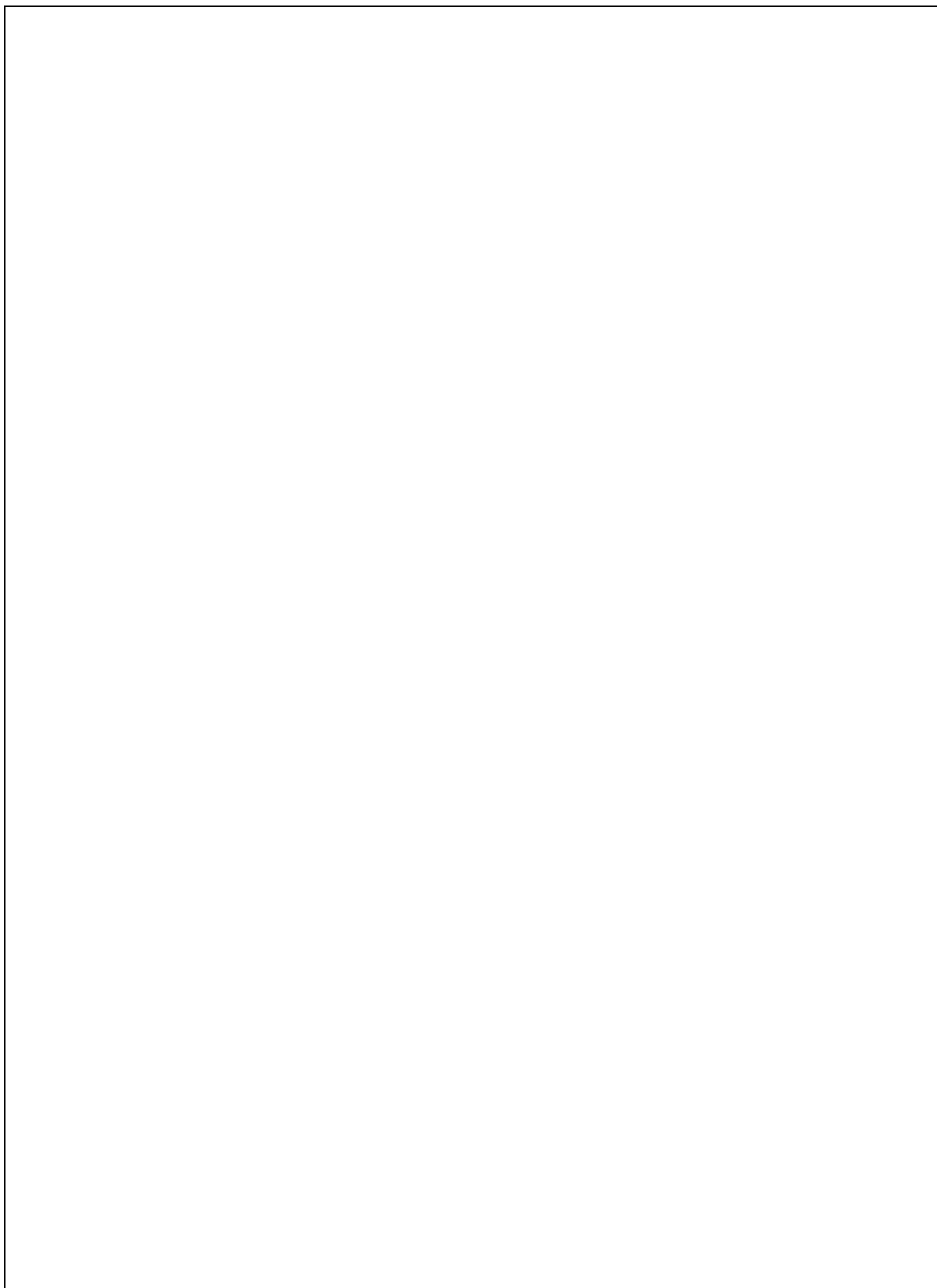
Current Membership of any Professional Body/Organisation

Please give details:

Section 4. Evidence for Position Applied

Please 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 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 members are required to disclose of any business or personal interests that might be relevant to the work of the Review Panel 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 annually on the GOV.UK website in the Review Panel 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

--

Address

--

Contact number

--

Email address

--

Relationship with applicant

--

Name

--

Address

--

Contact number

--

Email address

--

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"/>
----	--------------------------

If you answered 'Yes' above, 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"/>
-----	--------------------------	----	--------------------------

If you answered 'Yes', please select the role you hold or applying for and provide additional information in section 9.

Specialist

Lay

Section 9. Additional Supporting Information

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

Section 9. 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 principles that should underpin all appointments as outlined in the Code of Practice for Scientific Advisory Committees, published by the Cabinet Office and can be found at:

<https://www.gov.uk/government/publications/scientific-advisory-committees-code-of-practice>

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

[Follow us on social media](#)