**BCS, The Chartered Institute for IT**

**Registered Charity No:- 292786**



**NOMINATION FORM FOR APPOINTMENT TO BCS HEALTH AND CARE EXECUTIVE**

We, the undersigned, being Professional Members[[1]](#footnote-1) of BCS, The Chartered Institute for IT and as a BCS Health Member[[2]](#footnote-2), hereby confirm that we propose the following as a candidate to be appointed as BCS Health and Care Executive Chair.

(BLOCK LETTERS PLEASE)

**Role nominated for:**

Chair

**Name of nominee (in full)**

**Nominee Email Address:**

**Nominee BCS Membership No:**

**Current BCS Position/Role (if any)**

**Employer and Job Role:**

**Professional Affiliations:**

SIGNED by two paid up Professional Members that hold Membership of BCS Health who support the nomination of the above candidate:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNATURE** | **FULL NAME AND ADDRESS** | **BCS MEMBERSHIP GRADE** | **MEMBERSHIP NO.** | **HEALTH SPECIALIST GROUP FOR WHICH YOU HAVE MEMBERSHIP** |
| *(Not applicable if completed electrionically)*  A. Proposer |  |  |  |  |
| *(Not applicable if completed electrionically)*  *B* Seconder |  |  |  |  |

**Please Note: No member may propose or support the nomination of more than one candidate.**

|  |
| --- |
| **CONSENT OF NOMINEE**  I (name in full) ..............................................................................................................................  hereby consent to the above nomination and signify my willingness to serve the Institute as a Member of the BCS Health and Care Executive if so elected.  SIGNED ...................................................................................................................................  DATE .................................................................................................................................... |

*This form, together with the nominee’s CV and covering letter must be returned to the Member Groups Team, as soon as possible,* ***and in any event, not later than noon on 2 December 2019.***

Contact details:

Member Groups Team, BCS, The Chartered Institute for IT, First Floor, Block D, North Star House, North Star Avenue, Swindon SN2 1FA. Tel: 01793 417478, email: groups@bcs.uk , fax: 01793 417444.

1. Professional Members are MBCS or FBCS including Distinguished Fellows and Honorary Fellows [↑](#footnote-ref-1)
2. BCS Health Member is defined as a an individual who has expressed an interest in Health Informatics through selecting BCS Health via the list of Specialist Group Memberships and/or are a member of a BCS Health Specialist Group. [↑](#footnote-ref-2)