*Please use this form to demonstrate your contribution to the core purposes of the Royal College of Psychiatrists, referencing both remunerated work and work you do for the College or other relevant organisations. Give as much detail as possible. Please do not enclose a separate CV.*

*Please read our* *[online guidance](https://www.rcpsych.ac.uk/members/membership/applying-for-fellowship) when completing this form.*

|  |  |
| --- | --- |
| **Name** |       |

*(as registered with your Medical Council)*

|  |  |  |  |
| --- | --- | --- | --- |
| **College Number** |       |  |  |
| **Email Address** |       |

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| --- | --- |
| **1. Medical Qualification:** (class, honours, prizes, University or Medical School etc.) | **Dates** |
|       |       |
| **2. Experience:** (Main appointments held after qualification) | **Dates** |
| Grade | Location | Speciality |  |
|       |       |       |       |
| **3. Present Appointment and Grade:**  | **Start Date** |
|       |       |
| **4. Setting standards and promoting excellence in psychiatry and mental healthcare** *Please set out your contribution in this area*  |
|       |
| **5. Leading, representing and supporting psychiatrists** *Please set out your contribution in this area*  |
|       |
| **6. Working with patients, carers and their organisations** *Please set out your contribution in this area*  |
|       |
| **7. Anything else you would like to say in support of your nomination**  |
|       |

**I would like to be nominated as a Fellow of the Royal College of Psychiatrists.**

Please email the completed form to MembershipServices@rcpsych.ac.uk by **15 September 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |       |  Date |       |

*(Please type if emailing)*

The College’s Data Protection Statement can be viewed at <https://www.rcpsych.ac.uk/about-us/legal/data-protection/members-privacy-notice>