

CONFIRMATION OF GOOD STANDING



In order for the RCPsych North West Awards nomination for you to be accepted, please confirm the following:

- | | | | | |
|----|--|-----|----|-----|
| a. | Are you currently registered to practise with your country's licensing authority (Non-psychiatrists, please tick N/A) | Yes | No | N/A |
| b. | Are you subject to any conditions on your registration? If yes, please give details: | Yes | No | N/A |
| c. | Are you the subject of any ongoing complaints or investigations within your workplace or generally? If yes, please give details: | Yes | No | |

I confirm that if any of the information given at the time of my nomination should change, I will notify the College immediately.

I understand that if any evidence contrary to what has been declared above is made known to the College, my Awards nomination may be withdrawn.

SIGNED:

DATE:

FULL NAME:

DATA PROTECTION STATEMENT

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