**Application for Mammary Fold Committee 2019-2020 (2 year term)**:

DEADLINE FOR APPLICATIONS EASTER MONDAY 22/04/2019:

Email to [Themammaryfold@gmail.com](mailto:Themammaryfold@gmail.com)

**1. Demographics:**

Forename

Surname

E-mail address

Mobile number

Current training grade :

**2. I wish to stand for the position of (one choice only, please):**

Chair

Education & Training representative

Senior representative

Social media representative

**\*3. I confirm that I will be available to attend both the handover of duties at the Mammary Fold pre-ABS meeting, and the official confirmation of appointments at the Annual General Meeting of the Mammary Fold at the ABS conference in Glasgow (compulsory for new committee members):**

Yes

No

**\*4. I confirm that I will hold membership of ABS during my committee post if elected:**

Yes - already hold

Yes - application

No

**\*5. I am self-nominated for my chosen role but the following members of the Mammary Fold second my nomination and have agreed to be contacted on the following e-mail addresses to confirm my good standing as a member of the Mammary Fold suitable for office on the Committee**

First seconder and email address:

Second seconder and email address:

**\*6. We need a statement from you to help Mammary Fold members decide their choice of candidate for the role, with a word limit of 250 words. I believe that I am the ideal candidate for my chosen role because…….**