

**SCTS Perfusion Representative Application Form**

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| **Personal details.** |

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| Candidate Name |  | | |
| Current post & hospital |  | | |
| Mobile number: |  | E-mail Address: |  |
| Current SCTS member | Yes No | | |

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| 1. **1. Describe your previous contributions to the specialty of cardiothoracic surgery and to the Society for Cardiothoracic Surgery (SCTS).** |
| No more than 300 words |
| 1. **2. Describe your previous involvement in matters pertaining to cardiopulmonary bypass & perfusion.** |
| No more than 300 words |
| 1. **3. If appointed, describe your proposed plans and vision for the future.** |
| No more than 300 words |
| 1. **4. Provide any further information to support your application.** |
| No more than 300 words |

**Declaration:**

I hereby confirm that the details above are correct and, if elected as an SCTS Perfusion Representative, to attend meetings on a regular basis.

**Applicant signature:**

**Date:**

**Proposing member signature:**

**Proposing member:**

Please complete and return this form, as well as a brief CV, by email to isabelle@scts.org.

**Closing Date for applications:** 6th April 2022 (midday).

**Proposed interviews:** 25th April 2022 after 18.30.