

**SCTS Equality, Diversity & Inclusion Appointed Member Application Form**

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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 contributions to the specialty of cardiothoracic surgery.** |
| No more than 300 words |
| 1. **2. Describe your contributions to the Society for Cardiothoracic Surgery (SCTS).** |
| No more than 300 words |
| 1. **3. If appointed, describe the important issues that need to be dealt with and your proposed plans / vision for the sub-committee.** |
| 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.

**Applicant signature:**

**Date:**

**Proposing member signature:**

**Proposing member:**

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

**Closing Date for applications:** 7th February 2022