**FORM OF NOTICE OF INTENTION TO STAND
for Election as Intensivist in Training Representative of the
Faculty of Intensive Care Medicine**

**By submitting this form, the candidate is declaring that the information provided is true and correct.**  Those eligible to stand are intensivist in training members in good standing with the Faculty, who have been appointed to an ICM CCT programme (either Joint CCT or standalone/dual CCT(s) in ICM) with at least 6 months of training still to complete upon taking up the position.

**Part 1 - Contact Details and Supporting Statement**

|  |  |
| --- | --- |
| **Name of Candidate**(IN BLOCK CAPITALS) |  |
| **Full Hospital Address**(IN BLOCK CAPITALS) |  |
|  |
|  |
|  |
| **College/FICM Ref Number:** | **Postcode** |  |
| **Telephone** |  | **Email** |  |
| I, an intensivist in training member of the Faculty of Intensive Care Medicine, do hereby declare that I am a candidate in the election to be an Intensivist in Training Representative of the FICM, and that on the said date I am a trainee in an ICM CCT programme. |
| **Date of Birth** |  |  |  |  |  |  |  |  |  |  |  | **Date submitted:**  |  |
| D | D | M | M | Y | Y | Y | Y |
| **Candidate’s Election Statement** (not to exceed 200 words – if attached separately MUST be in Word format) |
|  |

**Part 2 - Referee Contact Details and Signatures**

This form should be completed and signed by a consultant who is a Fellow, Associate Fellow or Affiliate Fellow in good standing with the Faculty and their parent College (where applicable).

|  |
| --- |
| I, the undersigned Fellow / Associate Fellow / Affiliate Fellow of the Faculty of Intensive Care Medicine, do hereby certify that |
| **Name of Candidate**(IN BLOCK CAPITALS) |  |
| **Full Hospital Address**(IN BLOCK CAPITALS) |  |
|  |
|  |
|  |
|  | **Postcode:** |  |
| Is, in my opinion, a fit person to be elected as an Intensivist in Training Representative of the Faculty of Intensive Care Medicine and hereby nominate them to be a candidate in the election to be held on **18 November 2025.** |
|  |
| **Referee Name**(IN BLOCK CAPITALS) |  |
| **Full Home Address** |  |
|  |
|  |
| **College/FICM Ref Number:**  | **Postcode:** |  |
| I am a \*Fellow / Associate Fellow / Affiliate Fellow of the Faculty of Intensive Care Medicine\* *delete as applicable* |

**Data Protection Statement**

The Faculty of Intensive Care Medicine (FICM) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The FICM relies on legitimate interests as the lawful basis for processing of personal data.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email contact@ficm.ac.uk

**Part 3 - Board Member Roles and Responsibilities**

**If elected as the Intensivist in Training Representative Elect, you will be a full voting member of the Board of the Faculty of Intensive Care Medicine, therefore we would like you to note and sign the following:**

**Overall principle**

* Board members who cannot keepto the roles and responsibilities below will be asked to stand down.

**Board functions: Meetings, emails, papers, due process**

* Board members **must** attend all meetings of the Board. Absence should be for exceptional circumstances and discussed with the Dean and Board Secretary.
* Board members **must** read papers to be able to engage in discussion at Board meetings.
* Board members **must** engage with Board email discussion, including replying to consultation requests and urgent policy decisions.
* Board members **must** be prepared to submit written reports from meetings they attend on the Board’s behalf if they are not able to give an oral report at a Board meeting.
* Board members **must** adhere to Board level decisions once taken.
* Board members **should try** toattend the FICM annual meeting.
* Board members tasked with writing papers for the Board **should try** to provide these at least two weeks before the date of the meeting where it is due to be discussed to ensure other members have the opportunity to read them.

**Capacity and conflicts of interest**

* Board members **must** be prepared to take on additional duties beyond Board meetings, which may include Committee / Working Party membership, representing the FICM on an external group or leading on a piece of work or consultation. Support will be actively given by the Faculty when trying to negotiate time away with Health Boards and Trusts.
* Board members **must** list all actual or potential conflicts of interest and be prepared to relinquish any hats where there is direct conflict or to not take part in discussions where there may be a conflict.
* Board members **should try** to limit their non-hospital / non-job plan responsibilities outside the FICM so they have the capacity to take forward FICM work.
* Board members **should try** to consult with the Dean before committing to work with external agencies in a personal capacity on matters that may be relevant to the Faculty.

**Board members as ambassadors**

* Board members **must** act as ambassadors to promote the good standing of the Faculty and the specialty of ICM.
* Board members **must** take decisions with the following priority drivers: for the patient, for the profession, for their organisations, and only then for themselves.
* Board members **must** be prepared to accept roles offered if they are able to fulfil the role requirements, regardless of their personal interest. A Board position is not to enable personal self-interest but for the greater good of the specialty and our patients.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm I will fulfil all the roles and responsibilities required of Board Members and I understand that continuing membership of the Board requires these values to be upheld. I have discussed this appointment with my Medical Director and have their support.

**SIGNATURE:**

**Part 4 - Equality, Diversity & Inclusion**

We have a strong commitment to equality, diversity and inclusion within the Faculty, and these principles are embedded into our values and the way we work. It is for this reason that we are working hard to create and foster the proper representation of ethnic minority, gender and other groups that share protected characteristics in the work of the Faculty and wider specialty. In order to achieve this we are conducting wide-ranging projects to obtain the necessary data to underpin a strategic, supportive and open approach to EDI.

To help us do this, we encourage you to complete the following questionnaire on ethnicity, diversity and inclusion as this data will help us:

* develop a more detailed picture of our membership profile so we can consider and address areas of under-representation
* better understand the needs of our Fellows, Members and stakeholders
* inform strategic planning and policy reform to improve equality, diversity and representation across our work
* assess the impact of our initiatives and;
* promote, develop and foster positive relations between different groups.

In line with the General Data Protection Regulation (GDPR), the Faculty will always keep your information safe and stored appropriately. Please see our [Privacy Notice](http://www.rcoa.ac.uk/privacy) for further details. You can request for your data to be deleted if you change your mind.

The Faculty is determined to create a more inclusive environment at all levels where differences are valued and respected.

**PLEASE NOTE:** If you have provided the below Information previously and your details have not changed, you are not required to complete this form unless you are applying for a job vacancy. Thank you for your assistance.

**Your age band**

**[ ]** 16–24 **[ ]** 25–34 **[ ]** 35–44 **[ ]** 45–54

**[ ]** 55–64 **[ ]** 65+ **[ ]**  Prefer not to say

**Your ethnicity** *The ethnic groups are based on the Census 2021 categories.*

**Asian or Asian British**

**[ ]** Bangladeshi **[ ]** Chinese **[ ]** Indian **[ ]**  Pakistani **[ ]** Other

**Black or Black British**

**[ ]** African **[ ]**  Caribbean **[ ]** Other

**Mixed**

**[ ]** White & Asian **[ ]** White & Black Caribbean **[ ]** White & Black African **[ ]**  Other

**White**

**[ ]** British **[ ]** Irish **[ ]** Scottish **[ ]**  English **[ ]**  Northern Irish

**[ ]**  Welsh **[ ]** Gypsy **[ ]** Irish Traveller **[ ]** Roma **[ ]**  Other

**Other ethnic group**

**[ ]** Arab **[ ]** Any Other Ethnic Group

**Prefer not to disclose my ethnic group [ ]**

**Which best describes your gender?**

**[ ]** Female **[ ]**  Male **[ ]** Prefer not to say

**[ ]** Non-binary **[ ]** Prefer to self-describe:

**Do you identify as trans?**

**[ ]** Yes **[ ]**  No **[ ]** Prefer not to say

**Your religion or belief** (please select the group you most identify with)

**[ ]** Buddhist **[ ]** Christian **[ ]** Hindu **[ ]**  Jewish

**[ ]** Muslim **[ ]** Sikh **[ ]** Prefer not to say **[ ]**  No religion or belief

**[ ]** Any other religion or belief

**Your sexual orientation**

**[ ]** Bisexual **[ ]** Gay man **[ ]** Gay woman **[ ]**  Heterosexual

**[ ]** Other **[ ]** Prefer not to say

**[ ]** Prefer to self-describe:

**Do you consider yourself to have a disability according to the terms given in the Equality Act?**

The Equality Act 2010 protects people with disabilities. The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person’s ability to carry out normal day-to-day activities.

**[ ]** Yes **[ ]**  No **[ ]** Prefer not to say

**Do you have carer responsibilities?**

**[ ]** Yes **[ ]**  No **[ ]** Prefer not to say

**Is English your first language?**

**[ ]** Yes **[ ]**  No **[ ]** Prefer not to say

Many thanks for taking the time to complete this form. Please send to: contact@ficm.ac.uk

**Faculty of Intensive Care Medicine**

Churchill House, 35 Red Lion Square, London WC1R 4SG 020 7092 1540 **|** contact@ficm.ac.uk **|** [www.ficm.ac.uk](http://www.ficm.ac.uk)

@FICMNews

**Information correct as of August 2025**