A picture containing graphical user interface

Description automatically generated**Healthcare Infection Society Co-opted Member (ICN) Application Form 2021**

**Personal Details**

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| Title: First name(s):  Surname:  Current role:  Address (for correspondence):  Postcode:  Tel: Mobile:  Email: |

**Interest and Motivation**

Please explain why you would like to become a member of HIS Council

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**Skills**

What relevant skills and expertise would you bring to HIS Council?

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# Experience

Please list below, details of recent relevant experience including employment as an ICN, voluntary work, community activities, etc.

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**Healthcare Infection Society Ethos**

Explain how your own personal ethos is aligned to the Healthcare Infection Society.

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**Links and Conflicts of Interest**

Do you have any professional links with other Learned Societies or Royal Colleges? For example, are you a committee member for an infection Society?

Please also list any additional potential conflicts of interest.

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**References**

Please supply us with the name and email address of two members HIS of that we may contact to support your application.

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| Name:  Email: |

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| Name:  Email: |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this application form and for your interest in becoming a co-opted member of HIS.

This form should be returned to Kay Miller by 28 October 2021, via email to [kay.miller@his.org.uk](mailto:kay.miller@his.org.uk)

***The information provided by you on this form as an applicant will be stored electronically following the principles of the UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018 and will be processed solely in connection with HIS Committee membership.***