**Self-Nomination Form**

Please complete this form and send it by email to elections@rcm.org.uk by 21 February 2025

To avoid losing information you are strongly advised to save this form before you enter any information.

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| Your forenames  |  |
| Your surname |  |
| If a Registered Midwife, your NMC pin number: |  |
| Your RCM Membership number |  |
|  |
| Your postal address |  |  |
| Your home ‘phone  |  |  |
| Your work ‘phone |  |  |
| Your mobile ‘phone |  |  |
| Your Email |  |  |
|  |
| Current Job Title |  |
| Name of Organisation |  |
| Address of Organisation |  |

**Conflicts of interest**

Please list any matter which could potentially give rise to a conflict of interest. For example: related consultancy contracts; external examinerships with academic institutions; membership of committees/ bodies with decision making or purchasing powers; membership of political or lobby organisations; trusteeship of charitable or other bodies; any organisations which are competitors of the RCM in the field of professional or trade union representation (for example you can’t hold membership with the RCN); organisations responsible for delivering government policy; organisations at odds with the RCM’s strategic direction and vision and values.

Potential conflicts of interest detailed here will not prevent you from standing for election but might, if appropriate, be explored with you to establish how you would address the issue(s) if you are elected.

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**Declaration**

I nominate myself for election as a member of the RCM Board and declare as follows:

* + - I am a full member of the RCM or Maternity Support Worker and, on the date of commencement of the office for which I am nominating myself, I will have been a full member or a Maternity Support Worker member of the RCM for at least three years.
			* I have provided the election documents required by the Rules of the RCM in order that I may stand as a candidate for election to the RCM Board.
		- I give consent for the RCM to carry out relevant checks including, if necessary, identity checks, Disclosure and Barring Service (or relevant country equivalent) disclosures and checks against lists of removed or disqualified trustees held by a regulator of charities in the UK.
		- I undertake to accept appointment as a trustee of the Royal College of Midwives Trust.
		- I undertake to fulfil the responsibilities and duties of the Office for which I am a candidate in good faith, in accordance with the law and in accordance with the Codes of Conduct for members of the RCM Board and Trustees of the RCM Trust.
		- I have obtained undertakings from my employer regarding time off to undertake the duties of the Office for which I am seeking election, or I am prepared to commit my own time for those duties.
		- I have not been expelled from the RCM Board for breach of the RCM Board’s Code of Conduct.
		- My professional conduct is not under investigation by the Nursing and Midwifery Council.
		- I am not employed by, or a member of, any organisations which are competitors of the RCM in the field of professional or trade union representation (for example you can’t hold membership with the RCN)
		- I am not an undischarged bankrupt or subject to any arrangement or composition with creditors generally.
		- I have not, by a Court or a statutory regulator of charities in the UK, been removed or disqualified from trusteeship of a charity.
		- I am not disqualified by virtue of any provision of the Companies Acts or prohibited by law from being a company director.
		- I have not been convicted of an offence involving deception or dishonesty (unless the conviction is spent).
		- I am not disqualified under the Charities Acts from acting as a charity trustee.
		- I am not an employee of the RCM.
		- I am not subject to court orders because my mental health prevents me from personally exercising any powers or rights which I would otherwise have.

For monitoring purposes only, please complete the attached Equal Opportunities Monitoring Form.

I consent to share the information on this form with those in the RCM responsible for the election process and those working on the RCM’s behalf. I understand that information I have given on this form will be handled in line with GDPR and will be used solely for the purposes of assessing my eligibility for this role. The information given on this form is complete and correct. I understand that if any of the information provided is untrue I may be removed from office without notice.

Signed: …………………………… Dated: ……………………………

***Please send the completed form by email to*** ***elections@rcm.org.uk******.***