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|  | October 2025 |
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**APPLICATION FORM**

**Before completing this application form please consider the criteria for appointment and the guidance**.

|  |  |
| --- | --- |
| **Title (Mr, Ms, Other)** |  |
| **Last Name** |  |
| **First Name(s)** |  |
| **Email address** |  |

Applications should be on the official application form, be accompanied by a current curriculum vitae and sent to afell@pmcpa.org.uk . Any questions should be to Alex Fell, Chief Executive, Prescription Medicines Code of Practice Authority, 2nd Floor Goldings House, Hay’s Galleria, 2 Hay’s Lane, London, SE1 2HB.

**Home address in full (this must be completed)**

|  |  |
| --- | --- |
| **Address** |  |
|  |  |
|  |  |
|  |  |
| **Postcode** |  |

**Address for correspondence (only complete if different from above)**

|  |  |
| --- | --- |
| **Address** |  |
|  |  |
|  |  |
| **Postcode** |  |

**Telephone Contact details**

 **In business hours** **At other times** **Mobile**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Position applied for:** | Independent registered senior nurse practitioner (minimum Band 7 or equivalent) **or** Independent registered medical practitioner  |

**Candidates are asked to give detailed responses and not to rely on details in a CV. Examples used should show how their experience matches the specification for the particular position on the Code of Practice Appeal Board.**

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| Please explain why you are interested in serving on the Code of Practice Appeal Board? What qualities will you contribute?  |
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| Please give examples, from your career, voluntary work or personal life, of where and when you have had to assimilate and analyse complex information and question individuals to elicit key facts, and how you went about it. |
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| Give an example of a situation in your career, voluntary or other work in which you have had to come to a difficult decision affecting either other people’s lives or the position of an organisation/company, whilst ensuring that your judgement was not swayed by personal bias and where there was a need to ensure that decisions were fair and based on evidence. For health profession applicants, this question relates to non clinical matters. |
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**Referees**

**Offers will be subject to references and security screening.**

**Telephone references may be taken up for candidates invited for interview.**

Please supply the names, addresses and telephone numbers of two referees who can provide an independent view.

**Referee 1 – a referee who, in addition, is able to confirm your availability for the time commitment.**

|  |  |
| --- | --- |
| **Full Name** |  |
| **In what capacity does this person know you and for how long?** |  |
| **Telephone - Day** |  |
| **Telephone - Mobile** |  |
| **Email** |  |

**Referee 2**

|  |  |
| --- | --- |
| **Full Name** |  |
| **In what capacity does this person know you and for how long?** |  |
| **Telephone - Day** |  |
| **Telephone - Mobile** |  |
| **Email** |  |

**Public Appointments**

Please give details of any public appointments or similar currently held or held in the past, together with details of the time commitment and period of appointment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation and position** | **Appointed by** | **Time commitment** | **Period of appointment** |
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**Data Protection please tick as appropriate and sign at the bottom**

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| --- | --- | --- |
| I agree that the information given in this form and in the accompanying documents may be entered into a database and that the database, together with copies of the material that I supply, may be passed to the PMCPA. |  **YES** |  **NO** |

|  |  |  |
| --- | --- | --- |
| Signed: |  | Date: |

**TO SUBMIT APPLICATION**

**Please check that:**

|  |  |
| --- | --- |
| All sections of this application form have been completed. |  |
| You have attached a full CV. |  |