**ASSESSMENT REGULATORY COMMITTEE (ARC)**

**MEMBER APPLICATION FORM**

 **Please ensure you include a copy of your CV with this application**

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| **1. Personal details** |
|  **Title:**  **First name:** **Surname:** |
|  |
| Address: |
|   |
| Email address:  |
| Preferred contact telephone number:  |
|  RPS membership number (pharmacists only):  |
| **2. Panel role**  |
| Select below the membership role(s) within the ARC for which you would like to apply: |
|  | (X) |
|  Pharmacist representative, with expertise in education and/or assessment, independent from any of the RPS assessment panels and governing boards |  |
| Lay representative |  |
|  |  |
| **3. Experience relevant to selected membership role** |
| Please outline the **relevant knowledge, skills and previous experience** you have in relation to the following:* **Independent pharmacist applicants** : delivery and governance of pharmacy and/or other clinical assessments, including academic appeals/complaints/allegations of misconduct and complex reasonable adjustment requests).
* **Lay applicants**: managing and/or reviewing appeals/complaints/allegations of misconduct/requests for reasonable adjustments or similar which pose potential organisational risk.

If relevant, refer to how this experience applies specifically to the accountabilities of this role [max 300 words]  |
|  |
| **4. Experience of working on committees and/or panels**  |
| Please outline any **relevant previous experience** you have in working collaboratively on committees or panels to discuss and reach difficult decisions. If relevant, refer to how this experience applies specifically to the accountabilities of this role [max 300 words]. |
|  |

I certify that the information I have given in this application is true and complete to the best of my knowledge and that I include a CV to support my application. I also consent to the RPS using the data in my application in line with their [Privacy Policy](https://www.rpharms.com/footer-links/terms-conditions/privacy-policy).

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| Declaration |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | *Please type name here* | **Date** |  |

Please email your completed application form and CV to: [education@rpharms.com](file:///C%3A%5CUsers%5CGail.Fleming%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CA2H3B3H5%5Ceducation%40rpharms.com)

Or post to: Education dept, 66-68 E Smithfield, Whitechapel, London E1W 1AW