* Stage 1: Please complete the form and send it to [louise@ukiscrs.org.uk](mailto:louise@ukiscrs.org.uk)
* Stage 2: Applications will be first-round reviewed and provisionally accepted, put on hold (depending of current Council Member numbers) or rejected by the Consultant Leads of UKISCRS YOP or their designates.
* Stage 3: Successful Applicants at stage 2 will have their application presented to the UKISCRS Full Council at their next Council meeting for final review and approval.
* Stage 4: Successful applicants will be notified of the result within 2-months of application.
  + Though commonly YOP Council members commence their position at that year’s UKISCRS Annual Congress (~November), depending on the needs of the UKISCRS YOP Council at the time of application you may be invited to join the Council earlier.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: | |  | |
| Email address: | |  | |
| Home address: | |  | |
| Mobile phone number: | |  | |
| Social media profile link(s): | |  | |
| Photo: *(add to document or sent with the application)* | |  | |
| Hospital address at time of application: | |  | |
| Expected year of completing Training: | |  | |
| Position applied for within UKISCRS YOP | Full Council Member | |  |
| Regional Representative | |  |
| **Application Support Statement** (less than 250 words):  *Your opportunity to present yourself, your skills, experiences and motivations to demonstrate why you would be a valuable addition to the UKISCRS YOP Council.* | | | |
| Statement: | | | |

Notes:

* *A Council position is held for 3-years unless the Council Member ceases to be a Trainee.*
* *Maximum YOP Council numbers = 10*