**Fellow of the Royal College of Midwives**

**Application form**

**Personal details**

|  |  |
| --- | --- |
| Last name   | First name   |
| Title    | Date of birth   |
|   |
| Home address and postcode   |
| Home phone no.   | Mobile no.  |
| Email address   |
| Address for correspondence (please indicate which contact method you would prefer RCM to use)   |
| Preferred phone number   |   |
| RCM membership no. and year of joining   | NMC pin and date of registration    |
| Name in which you are registered   |
| Current post and post title   |
| Name and address of current workplace   |

**Reasons to support your application**

On the following pages, you are asked to present the evidence which you would like to be considered in your application for FRCM.

The evidence should be presented under the following criteria:

* Achievement
* Creativity
* Partnership
* Diversity
* Dissemination

It should be clear what your role is in the evidence, for example, designing, leading and/or rolling out a project. It is suggested that you should aim to write around 400 words for each.

You are asked to provide **two key** pieces of evidence for each criterion. You can list these, ensuring that any documents are attached and indexed for clarity.

ACHIEVEMENT

**Achievement evidence:**

Evidence 1:

Evidence 2:

CREATIVITY

**Creativity evidence:**

Evidence 1:

Evidence 2:

PARTNERSHIPS/COLLABORATION

**Partnerships evidence:**

Evidence 1:

Evidence 2:

DIVERSITY

**Diversity evidence:**

Evidence 1:

Evidence 2:

DISSEMINATION

**Dissemination evidence**

Evidence 1:

Evidence 2:

CRITICAL REFLECTION

Is there any other information you would like us to consider?

Details of your qualifications including any professional qualifications

|  |  |  |
| --- | --- | --- |
| **Qualifications (degree/diploma/NVQ)**  | **Awarding body (e.g. NMC, university)**  | **Date of qualification**  |
|   |   |   |
|   |   |   |
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|   |   |   |

Please give a summary of your relevant midwifery practice/experience and your current role:

References

Please give the names and contact details of three referees. It is your responsibility to ensure that referees have the proforma and guidance.

See paper two for guidance for referees

|  |  |
| --- | --- |
| Job title:    | Job title:   |
| Name:    | Name:    |
| Address:  | Address:   |
| Email address:    | Email address:    |
| Telephone number:    | Telephone number:   |
|   |
| Job title:     |   |
| Name:     |
| Address:  |
| Email address:    |
| Telephone number:    |

By including your electronic signature below, you agree that you have read the conditions of the award scheme and declare that to the best of your knowledge the information given on this form is true.

Please email your completed form along with your supporting evidence to:

fellowship@rcm.org.uk