Membership Resources Committee applications open: Imaging Registrar

Expression of Interest

Please complete and return to [membership@bsecho.org](mailto:membership@bsecho.org)

|  |  |
| --- | --- |
| **Name** |  |
| **Membership number** |  |
| **Email address** |  |
| **Work address** |  |

|  |  |
| --- | --- |
| **Job title** |  |
| **Professional role** (e.g. cardiologist, cardiac physiologist, clinical scientist) |  |
| **Organisation** |  |
| **Highest relevant education qualifications** (e.g. BSc, MBBch, MSc, PhD) |  |

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| **Please tell us why you would like to be a member of the Membership Resources Committee and what you believe you will contribute to the organisation**  (Approx. 500 words) |  |
| **Please let us know how you will manage the time commitment required**  (Approx.200 words) |  |

**I confirm that in accepting one of these positions I will commit time to the Membership Resources Committee including four meetings a year. In addition to undertaking work in my own time and outside of working hours, I confirm that I have approval from my supervisor or head of department to participate. I understand my details will be held in accordance with GDPR regulations.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Print name** |  | **Date** |  |

Office use only

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| --- | --- | --- | --- |
| **Processed by** |  | **Date** |  |
| **Application status** |  | **Signed** |  |

If you are interested, please complete the attached expression of interest form, and send together with a copy of your CV to [membership@bsecho.org](mailto:membership@bsecho.org)

Please note that full membership of the BSE is required. **The closing date for applications is Sunday 25 February 2024.**