



Are you interested in joining us?

RE: Application form for the Association of Facial Plastic Surgeons

Please send completed application forms to:

Association of Facial Plastic Surgeons
C/o Jo Bell
Maxillofacial Unit
Dorset County Hospital
Williams Avenue
Dorchester
Dorset
DT1 2JY

Telephone 01305 255249
Fax 01305 255409
E-mail jo.bell@wdgh.nhs.uk

The fees are £50 for Consultants/Fellows and £25 for others. Cheques should be made payable to "Association of Facial Plastic Surgeons"



The Association of Facial Plastic Surgeons
 Company number 5437726

APPLICATION FOR MEMBERSHIP

Please read the instructions that accompany this form

<p>Please state Category of Membership requested Please read the conditions of membership attached, as taken from the Constitution*</p>
<p>Full Fellowship / Associate Fellowship / Membership</p>

Surname:	
Forenames (in full):	
Title:	Male/Female:
Date of birth:	

Qualifications: (with dates and awarding bodies):
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Parent specialty:

Addresses:	
Home:	
E-mail:	
Telephone no (inc STD code):	
Fax No:	
Hospital:	

E-mail:	
Telephone no (inc STD code):	
Fax no:	
Correspondence address? <i>(circle only one)</i>	Home / Hospital

Present Post:	
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Tenure of Post:	
Date of commencement of post:	

Data Protection Act:
<p>The Association mailing list will be held in accordance with the Data Protection Act 1998. It will be available to all Royal Surgical Colleges, relevant Specialist Associations and any other bodies who may be running appropriate conferences, courses or clinical research projects. This is only for the organisational activity of the AFPS and will always be in the legitimate interest of the membership. Any request for a mailing list from one of these bodies will be assessed, and only where it is appropriate will any information be divulged. At no time will any data be disclosed for commercial purposes.</p> <p>I consent to my records being held in this manner to be released in accordance with this statement.</p> <p>Signed _____ Date _____</p>

Declaration:
<p>If elected, I agree to abide by the Constitution, and I confirm that I have received a copy of the Association's Advisory Code of Conduct.</p> <p>Signed _____ Date _____</p>

INSTRUCTIONS

- 1.** Please attach a copy of your curriculum vitae (maximum length - 2 pages)
- 2.** Applications **must** be accompanied by either a copy of your Certificate of Completion of Specialist Training or your training number.
- 3.** The Association has an Advisory Code of Practice for facial plastic surgeons in the U.K. Members and Associates will be sent a copy from the Honorary Secretary.
- 4.** It should be noted, if your professional circumstances change, you may not be eligible for Full Membership.
- 5.** Applicants should submit only complete forms and should arrange for these forms to be in clear print or typescript
- 6.** Sponsors **must** be **Full Members**, each of whom shall be employed in different units from each other.

PART B

To be completed by Referees only

References:
We the undersigned, testify that _____ who is personally known to us, is eligible in accordance with the articles of the Association and is in every way a suitable candidate for election, for Full Membership.

Notice to Referees Before signing, please read the conditions of membership attached, as taken from the Constitution*
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	Name (in capitals)	Signature	Date
1			
E-mail:			
Telephone no (incl STD code			
Fax no			
	Name (in capitals)	Signature	Date
2			
E-mail:			
Telephone no (incl STD code:			
Fax no:			

MEMBERSHIP ELIGIBILITY

*** (The attached details have been extracted from the Association's Constitution)**

2. MEMBERSHIP

2.1 The subscribers to the memorandum and association of the Association and such other persons as shall be admitted to membership in accordance with these Articles and none others shall be members of the Association.

2.2 There shall be 3 classes of membership, namely:-

2.2.1 [Fellows](#)

2.2.2 [Associate Fellows](#)

2.2.3 [Members](#)

(together referred to in these Articles as "members")

3. FELLOWS

Shall be:

Those, subject to approval by Council, who are engaged predominantly in facial surgical practice within the British Isles and whose name appears on the specialist lists in the General Medical Council of

Oral and Maxillofacial Surgery
Otolaryngology
Plastic Surgery
Ophthalmology
& other specialties

Fellows of the Association shall be entitled to hold office and participate in the executive proceedings of the Association.

Should a Fellow leave the British Isles and continue in the practice of "Facial Plastic Surgery" then he may remain a Fellow of the Association subject to approval by the Council.

A Fellow who remains in active practice but not predominantly in surgical practice and who wishes to remain a Fellow of the Association must seek approval from the Council.

(Together referred to in these articles as "Fellows").

4. ASSOCIATE FELLOWS

Associate Fellows shall be overseas and UK surgeons, who are engaged predominantly in facial surgical practice, who are invited by the Council to join the Association.

5. MEMBERS

Members shall be those who are enrolled on training programmes (approved by the SAC) in

Oral and Maxillofacial Surgery
Otolaryngology
Plastic Surgery
Ophthalmology
& other specialties

in the British Isles and be subject to approval by council.

ELECTION OF MEMBERS

6. CANDIDATES FOR FELLOWSHIP

Candidates for Fellowship may apply by completing the application form and submission with CV.

Applications shall be sent to the Honorary Secretary not less than one calendar month before the next meeting of the Council. The Council shall, if it so wishes, recommend such names for election at the next General Meeting. Such election shall be conducted by a show of hands or, if requested by any Fellow present, by ballot.

7. CANDIDATES FOR ASSOCIATE FELLOWSHIP

Submission for Associate Fellowship, will require the support of two Fellows, one to nominate and one to second.

Applications shall be sent to the Honorary Secretary not less than one calendar month before the next meeting of the Council. The Council shall, if it so wishes, recommend such names for election at the next General Meeting. Such election shall be conducted by a show of hands or, if requested by any Fellow present, by ballot.

8. CANDIDATES FOR MEMBERSHIP

Candidates for Membership shall be sponsored by two Fellows of the Association who shall vouch that such candidates fulfil the appropriate conditions laid down in Article 4. Applications should be sent to the Honorary Secretary not less than one calendar month before the next meeting of the Council. The Council shall, if it so wishes, recommend such names for election at the next General Meeting. Such election shall be conducted in the manner set out in Article 8.

9. SUBSCRIPTIONS

All members on election shall pay a first annual subscription the rate being determined by the category of membership. On subsequent change in category of membership or in the subscription rate, the revised subscription rate shall apply from the first day of the Financial Year of the Association.

10. All subscriptions shall be paid by the end of each financial year of the Association. The Council may revise the date and rate of subscription not less than 3 months before the start of the relevant financial year.

11. Any member of the Association whose subscription is more than 12 months in arrears and who has been notified thereof shall cease to belong to the Association. Reinstatement shall be possible with the consent of the Council after formal application and payment of arrears have been made. Payment of arrears may be waived at the discretion of the Council if extenuating circumstances exist.

12. A member shall not enjoy any of the privileges of membership of the Association until the annual subscription for the current financial year and any arrears of previous annual subscriptions have been paid. No Fellow/Member shall be entitled to exercise any voting rights unless the full annual subscription has been paid.

13. CESSATION OF MEMBERSHIP

A member (including an Honorary Fellow) shall cease to be a member of the Association in the following circumstances:-

If formal resignation in writing is given to the Honorary Secretary of the Association.

If membership is terminated for reasons contained in Article 13.

If the member's name has been removed for misconduct from the Medical Register by the General Medical Council.

If the Council is of the opinion that cessation of membership of any individual is necessary in the interests of the Association it shall instruct the Honorary Secretary to invite the person concerned to resign within one calendar month of receipt of such notice., In default of such resignation the question of expulsion from the Association shall be submitted to a Special General Meeting or to the next General

Meeting whichever is the sooner to be held within 3 months of the date of such notice. At such a meeting the member whose expulsion is under consideration shall be allowed to offer explanation of his conduct either verbally or in writing and if thereupon three quarters of the Fellows and Members present shall vote for expulsion the individual concerned shall cease to be a member of the Association.

At such a meeting a quorum of 20 Fellows and Members must be present and voting shall be by secret ballot.