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**Application for Membership of an SCST Sub-Committee**

**Sub-committee:**Click here to enter text.

**Name:**Click here to enter text.

**Place of Work:**Click here to enter text.

**SCST membership number:**Click here to enter text.

**Please can you briefly outline:**

**Contributions to Cardiac Scientific Practice (200 words)**

*Please give a brief overview of your Current job / career experience / clinical practice / leadership experience etc.*

Click here to enter text.

**Contributions to the Sub-committee (200 words)**

*Please outline your experience relevant to the sub-committee and/or project application*

Click here to enter text.

**Time Contribution (50 words)**

*Please specify how much time you are able to commit to the role*

Click here to enter text.

**Conflict of Interests (100 words)**

*Please disclose any potential conflicts of interest*

Click here to enter text.

**Please note that by signing this document you are consenting to the circulation of this information to the members of SCST Council. It will not be shared with third parties. All data will be stored in accordance the Data Protection Act 2018.**

**Signed:** Click here to enter text.

**Date:** Click here to enter a date.