

**Application Form for the Position of**

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| ***Intensive Care Medicine Experimental (ICMx)* Editor-in-Chief** |

\*(required)

# Personal Details

|  |  |
| --- | --- |
| Name \* |  |
| First name \* |  |
| E-mail address \* |  |

## Previous positions as ESICM officer

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Country / Function / Section*** | ***From*** | ***To*** |
|  |  |  |  |
|  |  |  |  |
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# Professional Experience

## Specialisation

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| --- |
| Primary Speciality |
| Speciality \* |  |
| Diploma \* |  |
| Year of qualification \* |  |

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| --- |
| Additional Speciality |
| Speciality |   |
| Diploma |  |
| Year of qualification |  |

## Current position

|  |  |
| --- | --- |
| Institution \* |  |
| Department \* |  |
| Function \* |  |
| Since when \* |  |

## Past position(s)

*Please provide details about the last positions*

|  |  |  |
| --- | --- | --- |
| ***Institution\**** | ***Function\**** | ***Period\**** |
|  |  |  |
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## Appointments within professional bodies

*Please detail your most important involvements in Medical Societies.*

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| --- | --- | --- |
| ***Society\**** | ***Status\****  | ***Period\**** |
|  |  |  |
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## Comments

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# Details about your Candidature\*

*Please give details of the aspects of your education and professional experience that are particularly relevant to the position you are applying for. We recommend you refer to the job description and explain how you meet the requirements. Describe how you envisage this function, and include any particular projects you may have in this context (maximum 1 page). You may also add further information, such as your teaching experience, or a list of important publications, if this is necessary for your application.*

# Declaration of Conflicting Interests

The ESICM wishes to ensure that all those who participate in the Society’s professional, administrative, scientific and educational activities have the opportunity to declare any interests they may have which could influence, or might be perceived to influence, their judgement or behaviour.

Conflicting interests may arise from academic, financial, or professional activities and ambitions. These are inevitable, and in many instances do not adversely affect behaviour. Similarly, research and educational relationships with industry are desirable and essential for progress in health care. However, these tensions and relationships provide opportunities for abuse and inappropriate influence. For this reason, the Society requires a clear declaration of competing interests. This declaration will be held at the ESICM Secretariat. It will not be divulged publicly without the individual’s consent.

**Financial interests**

*A financial interest is one in which the individual, or members of his or her close family, or institution, obtains direct benefit, either in monetary terms or through gifts or services. It should also include payments made regularly (retainers, honoraria, etc) regardless of the total sum.*

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**Academic interests**

*An academic interest is one in which the individual is currently involved in the same field of research or education, including research grants, which might stimulate inappropriately favourable or unfavourable decisions or behaviour.*

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# Declaration of Candidature

I declare that I have no conflict of interest.

I hereby certify that I have read and understood the Statutes of ESICM.

I hereby certify that I have read and understood the job description for the position I am applying for.

I confirm that I can dedicate enough time to perform the job and attend the regular meetings necessary for this position.

I hereby certify that I agree to all the tasks described in the job description and agree to undertake them.

I confirm that the information given in this form is to the best of my knowledge and belief, true and accurate.

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Signature\*
(Please type your name)

Date (DD/MM/YYYY)

*Please ensure all required fields (marked with a \*) are completed, then save and return the form to* *members@esicm.org*