**MSW Advocate election Form**

This form should be completed and returned to The Royal College of Midwives (RCM) when a new MSW Advocate has been elected by a Branch, or when a Branch receives a request from the RCM to provide this information to ensure the correct details are being held.

A MSW Advocate must be:

1. a fully paid up member of the RCM
2. an employee of the Trust/Health Board/University they represent
3. prepared to attend training courses
4. able to receive emails regarding training, activist briefings or updates

Please complete all the requested information in and retain a copy for the Branch files.

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| --- | --- | --- | --- | --- |
| **Name of Trust/Health Board and Branch** | | | | |
|  | | | | |
| **Title** | **First Name** | **Surname** | | **RCM Membership No.** |
|  |  |  | |  |
| **Address** | |  | | |
| **City/Town** | |  | | |
| **Postcode** | |  | | |
| **Home Telephone:** | |  | | |
| **Work Telephone (incl ext):** | |  | | |
| **Mobile:** | |  | | |
| **Please indicate which of the above telephone numbers may be given to members by RCM Connect to contact you in your role as a MSW Advocate:**  Home/ Work/Mobile (delete as applicable): | | | | |
| **Home Email Address:** | |  | | |
| **Work Email Address:** | |  | | |
| **Please indicate which of the above email addresses may be given to members by RCM Connect to contact you in your role as a MSW Advocate:**  Home Email/Work Email (delete as appropriate) | | | | |
| **Date elected by Branch:** | | |  | |
| **By signing this form, I confirm that I have been elected to position by my branch and the details I have provided on this form are true and correct.**  **By signing this form, I consent for contact details indicated above to be used for my role as a workplace representative and for them to be passed onto RCM members. I understand that I will receive communications regarding my role as an RCM Activist and I cannot opt out of these as they are a mandatory part of my role.** | | | | |
| **Signed (printed) Name:** | | | | |
| **Date signed:** | | | | |

Please return this form by email to [Activists@rcm.org.uk](mailto:Activists@rcm.org.uk) **(paper copies will not be accepted).** An electronic version of this form can also be requested from the email address.

If any of the above information changes please email [Activists@rcm.org.uk](mailto:Activists@rcm.org.uk) to ensure records are kept up-to-date.