

Student Society Application For Affiliation with The Royal College of Emergency Medicine

Please complete this form if you are a Student Society and would like to request College affiliation.

Name of Student Society: _____

Description of your Student Society aims:

Relevance to Emergency Medicine specialty: _____

Name of supporting RCEM Member or Fellow: _____

Lead Contact: _____

Contact address: _____

Email and phone number: _____

RCEM Careers Sub-Committee Decision

Discussed on:

Approved: Yes / No

Notes: