**Form 2 - Fellow of AGIP**

**Criteria**

**Fellowship status will be available to…**

**a) Accredited Independent Healthcare Professionals in GI Physiology who:-**

• Have a minimum of 10 years’ experience in GI Physiology

• Have taken an active role in the Association

• Are considered by the committee to have made an outstanding contribution to GI Physiology

**b) Affiliated Members with no clinical experience who:**

• Fulfil the criteria for fellowship as above

• Have been employed in academic research or development or teaching

Those members who have attained the status of ‘Fellow’ would be recognised as having the appropriate experience to give expert advice in their field of practice.

Such individuals must be proposed by two Fellows of AGIP, scrutinised by the Accreditation

Committee and ratified by the full Committee. Fellows may use the designatory letters FAGIP.

**Guidance notes**

Individuals wishing to apply for Fellowship status should approach two current Fellows of the Association to sponsor their nomination and to send the nomination to the AGIP Accreditation Officer using Section 1 of this form (see below). Once the Accreditation Officer receives a nomination from two proposers, they will request a personal profile from the candidate in support of the nomination and appoint two senior members of the AGIP Committee to scrutinise the application and forward a recommendation to the full AGIP Committee using Section 2 of this form.

**Section 1 - Completed by the nominee and sponsored by two current AGIP Fellows**

**Personal details**

Title:

Family Name: Given Name: Date of Birth:

Address for Correspondence:

Postcode:

Telephone and extension: Fax:

Email:

AGIP Registration number:

**Proposers**

**Proposer 1 (must be a current Fellow of AGIP)**

Title:

Family Name: Given Name: Date of Birth:

Address for Correspondence:

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone and extension: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I support the application of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSG registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposer 2 (must be a current Fellow of AGIP)**

Title:

Family Name: Given Name: Date of Birth:

Address for Correspondence:

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone and extension: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I support the application of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSG registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I declare that, if my application for Fellow of AGIP is accepted by the council then for as long as I remain a Fellow I will:-

• Observe a high standard of professional conduct in practicing as a Clinical GI Physiologist in gastroenterology

• Defer to the guidance and relevant rulings of the council in questions of conduct

• Maintain the dignity and welfare of the council and the reputation of the register to the best of my ability

I further declare that the information I have given is true and accurate

Signed

Name (Printed) Date

**Please return to:**

**AGIP Accreditation Officer**

**Please see AGIP Committee list on the BSG website:**

<https://www.bsg.org.uk/about/officers-and-committees/association-of-gi-physiologists-committee/>

**Section 2 (for internal use only)**

Reviewer 1: Reviewer 2:

**Accreditation Status:**

Adequate  Inadequate 

**Evidence of Significant Contribution to Field:**

Example/s

Adequate  Inadequate  **Number of years in field:** Adequate  Inadequate 

**Other:**

**Comments:**

**Verdict (Post Full AGIP Committee Meeting):**

Accept Nomination  Refuse Nomination 

Signed Reviewer 1: Signed Reviewer 2: