Society for the Study of Inborn Errors of Metabolism (SSIEM)

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South Croydon

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**SSIEM Education and Training Advisory Commitee (ETAC)**

**Faculty Application Form**

**Full name:**

**Date of birth:**

**Current position:**

**Teaching experience (e.g. educational supervisor; local in-hospital or in-laboratory teaching; outreach teaching e.g. other hospitals or laboratories; member of another teaching group or academy):**

**Formal teaching qualifications (if any):**

**Teaching and / or communication awards / prizes (if any):**

**Total number of years training and working in the inherited metabolic disease field:**

**What aspects of inherited disorders of metabolism would you consider to be your strengths (i.e. areas in which you have most experience):**

**What aspects of inherited disorders of metabolism would you consider to be your weaknesses (i.e. areas in which you have the least (or no) experience):**

**Please list your oral presentations (in the last X3 years only) at local, national or international meetings:**

**Please list your publications:**