

# **NOMINATION FORM**

We, the undersigned, Medical and Dental Practitioners, Physician Assistants or Certified Anaesthetists do hereby nominate the following person to represent Medical/ Dental/Physician Assistants/Certified Anaesthetists. **(Underline where applicable)**

S U R N A M E	O T H E R N A M E S	A D D R E S S
Contact Number:		

2. Proposer: Name:..... Address:.....  
 Signature:..... Contact No:.....  
 Seconder: Name:..... Address:.....  
 Signature:..... Contact No:.....

3. I the undersigned, Medical/Dental/Physician Assistant/Certified Anaesthetist hereby support the nomination of.....

Supporter: Name:..... Address:.....  
 Signature: ..... Contact No: .....

I, the undersigned, Medical /Dental/Physician Assistant/Certified Anaesthetist Practitioner registered, hereby consent to my nomination for election to the Medical and Dental Council as a representative of Medical/Dental/Physician Assistant/Certified Anaesthetist.

.....  
Signature

Date:.....