

SHEFFIELD LOCAL MEDICAL COMMITTEE

NOMINATION PAPER

2012 – 2016

We, the undersigned General Medical Practitioners on the Medical Performers List in Sheffield, hereby nominate:

Dr to be a member of the Local Medical Committee.

Signed (two signatures required):

(1) (2)

Declaration

I agree to my nomination and, if elected, agree to serve as a member of the Sheffield Local Medical Committee.

Full Name

Signature Date

Additional Information

All nominations must include a short CV of not more than 100 words – this will form part of the Ballot Paper. Please use the space below or attach a separate sheet.

**Please return to: Malcolm Lindley
Returning Officer
46 Everard Avenue
Sheffield
S17 4LZ**

BY WEDNESDAY 10 OCTOBER 2012

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Curriculum Vitae: