Election 2020/2024 Nomination Paper



September 2020

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

Dr.		
DI	 	

to be a member of the Sheffield Local Medical Committee.

Signed (two signatures required):

1	Name:

2	Name:
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Declaration

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

Full Name:	 	
(please print)		

Signature: Date:	
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Additional Information

In the event of there being more nominations than available places, ballot papers will be distributed, which will require candidates to submit an election statement.

Please return your completed nomination form to:

Dr P Edney Returning Officer 122 Brincliffe Edge Road Sheffield S11 9BY

BY FRIDAY 9 OCTOBER 2020