

# NOMINATION FORM

for representatives of **GENERAL PRACTITIONERS** in respect of

## ELECTION OF LIVERPOOL LOCAL MEDICAL COMMITTEE for the period **1 April 2014 to 31 March 2018**

We, being General Practitioners entitled to vote, hereby nominate the under-mentioned as a Candidate for election to the Liverpool Local Medical Committee:

CATEGORY OF CANDIDATE	NAME OF CANDIDATE	Year Qualified	ADDRESS OF CANDIDATE
<b>INDICATE CATEGORY</b> (A) GMS or PMS Contractor  (B) Salaried or Sessional Practitioner			

Nomination must be signed by **two (2)** electors:

Signature of elector ..... Print Name .....

Signature of elector ..... Print Name .....

I confirm that I am a GP on NHS England's Performers List, working in a Liverpool Clinical Commissioning Group member practice and am prepared to accept office if elected:

**Signature Of Candidate** .....

**Date:** .....

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### TO BE COMPLETED BY THE CANDIDATE

Brief summary of experience in general practice, together with details of service on any professional bodies or other relevant authorities.

**STATEMENT MUST NOT EXCEED SIXTY (60) WORDS**

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**RETURN TO:** Ms Clare O'Toole (Returning Officer), FHS Contractor Database Manager, Primary Care Support, Liverpool Office, Bevan House, 65 Stephenson Way, Wavertree Technology Park, Liverpool, L13 1HN

**NOT LATER THAN 12 NOON ON FRIDAY, 14 FEBRUARY 2014**