

NOMINATION FORM



for representatives of a PRACTICE NURSE in respect of

ELECTION OF A PRACTICE NURSE TO LIVERPOOL CCG
for the period 1 June 2012 to 31 May 2015

Name:.....

Address:.....

Practice Constituency: CENTRAL / MATCHWORKS / NORTH*

Nurse Status: Practice Nurse / Nurse Practitioner*

*Please delete as appropriate

I confirm that I am a Registered Nurse working as a Practice Nurse/Nurse Practitioner in a Liverpool practice in the above indicated Constituency and am prepared to accept office if elected:

Signature of Candidate:

Date:



TO BE COMPLETED BY THE CANDIDATE

Brief summary of experience as a nurse working in a general practice, together with details of service on any professional bodies or other relevant authorities to support your candidature.

STATEMENT MUST NOT EXCEED TWO HUNDRED AND FIFTY (250) WORDS (continue on back or separate sheet if necessary)

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TO BE DELIVERED TO: LIVERPOOL LMC, 1b Greenbank Road, Liverpool, L18 1HG

NOT LATER THAN 5.00 pm ON FRIDAY, 20 APRIL 2012