



# NORTH ESSEX LOCAL MEDICAL COMMITTEE NOMINATION PAPER

Constituency: **SALARIED & SESSIONAL GPs - West Essex**  
No of persons to be elected: **1**

NAME & ADDRESS OF CANDIDATE NOMINATED			
NAME (print)			
HOME ADDRESS		PRACTICE ADDRESS	
I Consent to the above nomination and, if elected, am prepared to accept office			
Signature of Nominated GP		Status <i>Please indicate ✓</i>	Salaried
			Locum*

NOMINATORS (2 GPs in the Constituency) *			
Name (print)		Name (print)	
Address		Address	
Signature of Nominator		Signature of Secunder	

*\* Nominees/Nominators who are Locum GPs must live in the constituency*

**Please return to:**

**Dr Brian Balmer  
5 Whitelands  
Terling Road  
Hatfield Peverel  
CM3 2AG**

**Telephone: 01245 383430**

**Fax: 01245 383439**