



# NORTH ESSEX LOCAL MEDICAL COMMITTEE NOMINATION PAPER

Constituency: **UTTLESFORD**

No of persons to be elected: **2**

## DETAILS OF CANDIDATE NOMINATED

|  |  |                |  |                 |                |
|--|--|----------------|--|-----------------|----------------|
| <b>NAME (print)</b>  |  |                |  |                 |                |
| <b>Practice Address</b>  |  |                | <b>Locum GPs – Please include Home Address</b> |                 |                |
|  |  |                |  |                 |                |
| <b>I Consent to the above nomination and, if elected, am prepared to accept office</b> |  |                |  |                 |                |
| <b>Signature of Nominated GP</b>   |  |                |  |                 |                |
| <b>Status</b><br><i>Please indicate ✓</i>  |  | <b>Partner</b> |  | <b>Salaried</b> |                |
|  |  |                |  |                 | <b>Locum *</b> |

## NOMINATORS (2 GPs in the Constituency) \*

|                               |  |                              |  |
|-------------------------------|--|------------------------------|--|
| <b>Name (print)</b>           |  | <b>Name (print)</b>          |  |
| <b>Address</b>                |  | <b>Address</b>               |  |
| <b>Signature of Nominator</b> |  | <b>Signature of Seconder</b> |  |

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

Please return by **12 NOON on FRIDAY 10<sup>th</sup> FEBRUARY 2012** to:

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

Telephone: 01245 383430 Fax: 01245 383439  
E-Mail: [events@essexlmc.org.uk](mailto:events@essexlmc.org.uk)

*\* Please copy this form as necessary*