**A picture containing text, clipart

Description automatically generatedSOUTH ESSEX LOCAL MEDICAL COMMITTEE**

**NOMINATION FORM**

|  |
| --- |
| **SECTION 1 – Your Details** |

1. **Constituency for which you are seeking nomination**

|  |  |  |  |
| --- | --- | --- | --- |
| **Castle Point & Rochford** |  | **Locum Rep – South East Essex** |  |
| **Southend** |  | **Locum Rep – South West Essex** |  |

1. **Full Name**

**3. Name & Address of Practice where you predominantly work**

1. **Contractual Status**

**GP Partner Salaried GP Locum GP**

### **I consent to the above nomination and, if elected, am prepared to accept office**

**Signature of Nominated GP .................................................................................**

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| --- |
| **SECTION 2 – Nominators** |

**Your nomination must be supported by TWO GPs working in the constituency for which you are seeking nomination.**

|  |  |  |
| --- | --- | --- |
|  | **Nominator 1** | **Nominator 2** |
| **Name** |  |  |
| **Practice Address** |  |  |
| **Signature** |  |  |

**KINDLY RETURN COMPLETED FORM TO:** [**annette@essexlmc.org.uk**](mailto:annette@essexlmc.org.uk) **by Friday 25th February 2022**