

NOMINATION FORM FOR ELECTION

Post applied for:	
Full Name of Candidate:	
Qualifications:	
Candidate Address:	
Candidate Email:	Candidate Phone:
Place of Work & Designation:	
Date of Joining the Association:	
Contribution to Health Service & APPNE: 1.	
Personal Statement (maximum 400 words only)	

Personal Statement cont'd.....

Declaration: This is to confirm I do not have any restrictions on my practice, and I am not under any investigations by any regulatory body.

Proposers Name:

Proposers Email:

Proposers Phone:

Seconders Name:

Seconders Email:

Seconders Phone:

*NB. Proposers and Seconders should be **paid & active** APPNE members.*

Please send your completed form alongside an optional (but desirable) profile photo by:
Friday 14th February 2025 to elections@appne.uk