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**Nomination for the Election of Branch Representatives**

**to the Clinical Governance Committee 2024-26**

**Nominations are invited for the election of BRANCH REPRESENTATIVES TO THE CLINICAL GOVERNANCE COMMITTEE, to serve for 2 years.**

**The Branches requiring nominations for this round are:**

**Northern Ireland, Mersey, North-West, Northern, Oxford,**

**Thames North West, Thames South East, and Thames South West.**

**Please note that current postholders who have served for 2 years and those who are co-opted members must submit nomination forms if they wish to be re-elected for the next term of office.**

Representatives must work in the Region for which they are elected and must be members of the Association.

Proposer and Seconder must be members of the Association and may be from anywhere in the country.

All BASHH members are eligible to vote.

### REGION: Northern Ireland

### Nominee: Name

**Signature**

### Current Post

**Location of work**

**Address**

**Tel/mobile: ………………… Email:**

By signing this form you consent to be nominated for election and for your contribution text to be published by the Mi-Voice Election Services next to your name when the election opens.

Where posts are contested, nominees will be informed of the results before the results being made public - Please ensure you have included your mobile telephone number to facilitate this.

### Proposed by: Name

**Signature**

By signing this form the proposer consents to their name being published by the Mi-Voice Election Services against the nominee’s name as their proposer when the election opens.

### Seconded by: Name

**Signature**

By signing this form the seconder consents to their name being published by the Mi-Voice Election Services against the nominee’s name as their seconder when the election opens.

Nominee's past contribution to the Specialty and to the Association, in not more than 250 words.

**This text will be published by the Electoral Reform Service next to the nominee’s name when the election opens.**

### Nominee: Name

**Signature**

**The completed Form must be returned by noon on 23rd October 2023 by email to** [**admin@bashh.org**](mailto:admin@bashh.org)