

**BSCCP NOMINATION FORM**

The BSCCP is currently requesting nominations from BSCCP members for the following BSCCP Executive Committee Posts for a 3-year term from April 2024 – April 2027. The appointments will be announced at the BSCCP AGM in April 2024 in Edinburgh.

**BSCCP Clinical Nurse Representative**

Please **return completed form by e-mail** to elaine.radford2@nhs.net

**Nomination Forms must be accompanied by the nominee’s personal statement of no more than 250 words and a digital passport style photograph.**

**Nominations request forms to be received no later than 29.02.2024. BSCCP is unable to accept nomination forms after the closing date.**

**I** ................................................................……… (Nominator print name) being a member of the BSCCP wish to nominate

.................................................................…….. (Nominee print name)

For the post of ..........................................................……………. on the BSCCP Executive.

Signed.......................................... (Signature of Nominator)

Date..................

**I** ………........................................................................... (Applicant print name)

Name of Institution....................……………………………………. Address………………………….

*………………………………………………………………………………* Post Code……………………….

Email address…………………………

Being a member of the BSCCP I am happy to be nominated for the position of

**……………………………….............................................................................** on the Executive of the BSCCP.

Signed................................................ (Signature of Nominee)

Date.......