**Clinical Committee Diabetes Nurse/AHP Officer of the British Society for Paediatric Endocrinology and Diabetes**

**Nomination form**

# BSPED Office

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Charity No: 1135319

|  |  |
| --- | --- |
| Name: |  |
| Current Post: |  |
| BSPED Membership Number: |  |
| Postal Address: |  |
| Telephone Number: |  |
| Email Address: |  |

I would like to be considered for the position of Clinical Committee Diabetes Nurse/AHP Officer of the BSPED.

Signed:…………………………………………………………… Date:………………………………

Nominated by:

|  |  |
| --- | --- |
| Name: |  |
| Current Post: |  |
| BSPED Membership Number: |  |

Signed:…………………………………………………………… Date:………………………………

Seconded by:

|  |  |
| --- | --- |
| Name: |  |
| Current Post: |  |
| BSPED Membership Number: |  |

Signed:…………………………………………………………… Date:………………………………

Please send this completed and signed form to the BSPED Office at:[bsped@endocrinology.org](mailto:bsped@endocrinology.org) to arrive no later than 23:59 BST on the date given in the call for nominations. Please include your CV, photo and 200 word supporting statement with your nomination form. Faxed forms cannot be accepted.

# Chairman

Tabitha Randell, Nottingham

# Secretary

Melanie Kershaw, Birmingham

# Treasurer

Sabah Alvi, Leeds

The information you supply with this nomination form will be displayed for voters in our e-vote system.