**NOMINATIONS FORM (CITY REPRESENTATIVE)**

**We, the undersigned, hereby nominate……………………………………………………………....... (Please print the full name of the Nominee). For election as a Committee Member of the Leicester, Leicestershire and Rutland Local Medical Committee, who we confirm is a levy paying member of LLR LMC\* at a Leicester City practice.**

Signed …………………………………… Signed ……………………………………

Print Name …………………………………… Print Name ……………………………………

Date …………………………………… Date ……………………………………

(All Nominations must be signed by two Levy Paying Members\*)

**DECLARATION OF WILLINGNESS TO SERVE**

I, …………………………………………………, of ……………………………………………………………………………………

Hereby give notice of my willingness to serve as a Committee Member of the Leicester, Leicestershire and Rutland Medical Committee

Signed ……………………………………

Print Name ……………………………………

Date ……………………………………

Please follow the simple instructions to have the opportunity in standing for the LMC Committee.

1. Completed nominations forms to be signed and scanned, along with a brief candidate statement of no more than 100 words to Charlotte Woods (charlotte.woods@llrlmc.co.uk) by 5.00pm on Monday 2nd September 2019.

**Nominations received after 5.00 pm on Monday 2nd September 2019 will not be put forward for election.**

If you have any questions about the completion and return of this form or the Election Process, please contact Charlotte Woods on 0116 2962950 or the email address above.

\*A levy paying member is ‘a GP on the Medical Performers for Leicestershire and Rutland, who is a Partner or Salaried GP in a levy paying practice or was contract holder in the past and is currently working at least one session a week with LLR.