**NOMINATIONS FORM**

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\*

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 ……………………………………

**IMPORTANT:**

Candidates should send their completed and signed nomination form, along with a brief candidate statement of no more than 100 words and to Charlotte Woods (charlotte.woods@llrlmc.co.uk) by 5.00pm on Wednesday 8th June 2022.

**Nominations received after 5.00 pm on Wednesday 8th June will not be put forward for election.**

\*A levy paying member is ‘a GP on the Medical Performers List for Leicestershire and Rutland, who is a Partner or Salaried GP in a levy paying practice or a sessional GP paying an individual levy’.