



**Nomination Form for YOUNGER FELLOWS REPRESENTATIVE**

**BOARD OF PAEDIATRIC SURGERY**

***Closing date for nominations is 21 February 2025***

Full name of nominee  
(PLEASE PRINT) .....

Hospital .....

Contact telephone .....

Email address .....

Full name of Nominator 1  
(PLEASE PRINT) .....

Full name of Nominator 2  
(PLEASE PRINT) .....

***We wish to nominate the above nominee as the Younger Fellows Representative on the Board of Paediatric Surgery of the Royal Australasian College of Surgeons***

.....  
**Signature of Nominator 1** **Date**

.....  
**Signature of Nominator 2** **Date**

***I consent to act if elected***

.....  
**Signature of Nominee** **Date**

**Please return completed forms to:**

Jornden Daley  
Executive Officer, Committee of Paediatric Surgery  
Royal Australasian College of Surgeons  
250 – 290 Spring Street  
East Melbourne VIC 3002

Email: [committee.paediatricsurgery@surgeons.org](mailto:committee.paediatricsurgery@surgeons.org)