

Nomination Form for SOUTH AUSTRALIA STATE REPRESENTATIVE

COMMITTEE OF PAEDIATRIC SURGERY

Closing date for nominations is Wednesday 19 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 South Australia Representative on the Committee 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:

Executive Officer, Committee of Paediatric Surgeons
Email: Committee.PaediatricSurgery@surgeons.org

