



Committee Nomination Form

St Lawrence Surgery, Patient Participation Group, Charity Number: 1064542

Please tick the roles that you are standing for. It is possible to stand for more than one position, but you can only be elected for one.

Chair Secretary Treasurer Committee Member

Nominee (print name):

Address:

Postcode:

Telephone Number:

Email Address:

Please outline a little about yourself and mention any particular skills/expertise you would bring to the group. (If a ballot is required then this information may be published).

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Please tick each box to indicate you have actioned and understand the following:

- 1. I have read and agree to abide by the St Lawrence Surgery PPG's constitution.
- 2. I have read and agree to the Terms and Conditions of Membership.
- 3. I agree to sign the PPG Confidentiality Agreement.
- 4. I acknowledge and am willing to be a Charity Commission Trustee.
- 5. I have read and agree to abide by the PPG Data Protection Policy.
- 6. I agree to be actively involved in one of the PPGs Focus Groups.
- 7. I agree to complete the Data Consent and Tracking Form.

A copy of the Constitution, Terms and Conditions, Data Protection Policy and Privacy Policy are available on the PPG section of the website under Forms.

Signature of Nominee:

Date:



Proposers and Seconders

NOTE: Proposers and seconders must be patients of the St Lawrence Surgery and not related to the Nominee.

Proposed by (print name):

Address including postcode:

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Signature:

Date:

Seconded by (print name):.....

Address including postcode:

.....

Signature:

Date:

Completed nomination forms are to be submitted to the Secretary either by post to Hon. Secretary PPG, St Lawrence Surgery, 79 St Lawrence Avenue, Worthing, West Sussex, BN14 7JL or handed in to the reception clearly marked for the Secretary's attention. Forms must be received at least 7 days prior to the date of the AGM.