

# 2023 APA ACT National Groups Committee Nomination Form



Name:

APA Membership ID\*:

Phone:

To nominate for a national group state committee you must:

- be a current APA member
- be a member of the national group in which you are nominating
- submit a brief supporting statement.

## I WISH TO NOMINATE FOR THE FOLLOWING

APA ACT National Group Committee: *(please tick the group you wish to nominate for)*

|  |                          |
|--|--------------------------|
| Acupuncture & Dry Needling                         | <input type="checkbox"/> |
| Advanced Practice (including Emergency Department) | <input type="checkbox"/> |
| Animal   | <input type="checkbox"/> |
| Aquatic  | <input type="checkbox"/> |
| Business   | <input type="checkbox"/> |
| Cancer Palliative Care & Lymphoedema               | <input type="checkbox"/> |
| Cardiorespiratory                                  | <input type="checkbox"/> |
| Disability   | <input type="checkbox"/> |
| Educators  | <input type="checkbox"/> |
| Gerontology  | <input type="checkbox"/> |
| Mental Health                                      | <input type="checkbox"/> |
| Musculoskeletal                                    | <input type="checkbox"/> |
| Neurology  | <input type="checkbox"/> |
| Occupational Health                                | <input type="checkbox"/> |
| Orthopaedic  | <input type="checkbox"/> |
| Paediatric   | <input type="checkbox"/> |
| Pain   | <input type="checkbox"/> |
| Physiotherapy Leadership & Management              | <input type="checkbox"/> |
| Sports & Exercise                                  | <input type="checkbox"/> |
| Women's Men's & Pelvic Health                      | <input type="checkbox"/> |

**PLEASE NOTE ELECTRONIC SIGNATURES WILL BE ACCEPTED FROM THE PROPOSER  
AND SECONDER**

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Proposer:

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Signature:

Date:

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APA Member Number:

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Secunder:

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Signature:

Date:

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APA Member Number:

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*\*Note: the member must be proposed and seconded by a current financial member of the APA.*

## NOMINEE

I accept nomination for a position on the ACT Chapter Committee of the \_\_\_\_\_  
(National Group) and submit a brief statement to support my nomination. I declare that I am a financial member  
of the APA and have *good fame and character* and am a *fit and proper* person to serve on the Committee.

Signature:

Date:

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**RETURN TO:**

Returning Officer: Jenny Robertson  
Email: [Jenny.Robertson@australian.physio](mailto:Jenny.Robertson@australian.physio) (preferred)

Nominations Close: 21 October 2022