

2026 APA VIC 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 VIC National Group Committee: (please tick the group you wish to nominate for)

Acupuncture & Dry Needling	<input type="checkbox"/>
Advanced Practice	<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"/>
Leadership & Management	<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"/>
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

Proposer*:

Signature:

Date:

APA Member Number:

Seconder*:

Signature:

Date:

APA Member Number:

*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 VIC 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:

RETURN TO

Returning Officer: Rose Horvat

Email: Rose.Horvat@australian.physio (preferred)

Nominations Close: 13 October 2025

Fax: 03 9092 0899