

2027 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	☐
Advanced Practice	☐
Animal	☐
Aquatic	☐
Business	☐
Cancer Palliative Care & Lymphoedema	☐
Cardiorespiratory	☐
Disability	☐
Educators	☐
Gerontology	☐
Leadership & Management	☐
Mental Health	☐
Musculoskeletal	☐
Neurology	☐
Occupational Health	☐
Orthopaedic	☐
Paediatric	☐
Pain	☐
Sports & Exercise	☐
Women's Men's & Pelvic Health	☐

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

Proposer*:

Signature:

Date:

APA Member Number:

Secunder*:

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 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:

RETURN TO

Returning Officer: Jenny Robertson

Nominations Close: 12 October 2026

Email: Jenny.Robertson@australian.physio (preferred)