

2025 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 | <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 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: 9 October 2024

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

Fax: 02 8748 1505