

2022 APA SA 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 SA 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 DUE TO COVID19 RESTRICTIONS IN 2021, 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 SA 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: Carolyn Coleman

Email: Carolyn.Coleman@australian.physio (preferred)

Nominations Close: 21 October 2021

Fax: 08 8362 2223