

# 2020 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"/>
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"/>
Emergency Department	<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	No vacancies
Pain	<input type="checkbox"/>
Physiotherapy Leadership & Management	<input type="checkbox"/>
Sports & Exercise	<input type="checkbox"/>
Women's Men's & Pelvic Health	<input type="checkbox"/>

## 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

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

Nominations Close: 11th November 2019

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