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Election of Members to serve for Four Years from 20th April 2015.

Nomination Form

I the undersigned, being a Dental Practitioner under agreement with the _____ Locality of ABM UHB, hereby indicate my wish to serve on the Morgannwg Local Dental Committee for four years from 20th April 2015.

Please Complete in Block Capitals

Name			
Locality	Bridgend	Neath Port Talbot	Swansea
Provider/Performer	Provider	Performer	Both
Performer Number			
Practice Address	Post Code		
Telephone			
Email Address			
Signature			
Date			

We, the undersigned persons, being Dental Practitioners under agreement with the _____ Locality of ABM UHB, hereby nominate and second the Dental Practitioner named above to stand for election to the Morgannwg Local Dental Committee from 20th April 2015. We confirm that this person is a Dental Practitioner on the _____ Locality Dental List.

Please Complete Names in Block Capitals

<i>Proposed by</i>		<i>Seconded By</i>	
Name		Name	
Performer Number		Performer Number	
Signature		Signature	
Date		Date	

This Nomination Form must be completed and returned by **Friday 2nd March, 2015** to the Returning Officer **Mr Richard Williams, Primary Care Support Manager (Dental), Swansea Locality Office, 12th Floor, Oldway Centre, 36 Orchard Street, Swansea, SA1 5AW.** Please mark the envelope **LDC Nomination.**