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## **Election of Members to serve for Four Years from 24<sup>th</sup> April 2017**

### **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 24<sup>th</sup> April 2017.

***Please Complete in Block Capitals***

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

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 24<sup>th</sup> April 2017. We confirm that this person is a Dental Practitioner on the \_\_\_\_\_ Locality Dental List.

***Please Complete Names in Block Capitals***

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

This Nomination Form must be completed and returned by **Friday 3<sup>rd</sup> March, 2015** to the Returning Officer **Mr Richard Williams, Primary Care Support Manager (Dental), Primary and Community Services Unit, Floor 2, Beacon Centre, Langdon Road, Swansea, SA1 8QY**. Please mark the envelope '**LDC Nomination**'.