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Election of Members to serve on LDC until April 2025 Nomination Form

I the undersigned, being a Dental Practitioner under agreement with the Swansea Bay University Health Board, hereby indicate my wish to serve on the Morgannwg Local Dental Committee until April 2025.

Please Complete in Block Capitals

Name				
I work mainly at a Dental Practice in (delete one)	Ne	ath Port Talbot	Swansea	
Provider/Performer	Provider	Performer		Both
Performer Number				
Practice Address				
		Po	st Code	
Contact Telephone				
Email Address				
Signature				
Date				

We, the undersigned persons, being Dental Practitioners under agreement with the Swansea Bay University Health Board, hereby nominate and second the Dental Practitioner named above to stand for election to the Morgannwg Local Dental Committee until April 2025. We confirm that this person is a Dental Practitioner on the SBUHB GDP List.

Please Complete Names in Block Capitals

Proposed by	Seconded By	
Name	Name	
Performer Number	Performer Number	
Signature	Signature	
Date	Date	

This Nomination Form must be completed and returned by *Thursday, 15th July, 2021* to the Returning Officer *Mrs Sarah Griffiths, General Manager, Dragon Dental Ltd., United Dental House, Arthur Street, Neath, SA11 1HP.* Please mark the envelope *'LDC Nomination'.*