**WIRRAL LOCAL MEDICAL COMMITTEE - 2024**

##### ELECTION NOMINATION FORM FOR SESSIONALS

I agree to serve as a member of the Wirral Local Medical Committee, if elected, and give below details required for inclusion in the ballot papers, and a short statement of the contribution which I would expect to make to the work of the Committee.

**Please include details of any conflict of interest that you may have in carrying out the role of LMC Member.**

**SURNAME FORENAME(s)**

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***(Block Capitals, please)***

**MAIN SURGERY ADDRESS**

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**Candidate’s Statement for inclusion in ballot paper: - Please Write Clearly**

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**Signed........................................................ Date**....……..........................................

PLEASE RETURN DIRECTLY TO SARAH LEPTS AT THE WIRRAL LMC OFFICE BY NO LATER THAN NOON ON FRIDAY 16 FEBRUARY 2024 – THANK YOU.