

RCPA NOMINATION FORM COUNCIL

I _____
(Name in BLOCK LETTERS)

of _____

nominate _____

for election as RCPAon the Council

Signature : _____ Date: _____

I _____
(Name in BLOCK LETTERS)

of _____

nominate _____

for election as RCPAon the Council

Signature : _____ Date: _____

I _____
(Name in BLOCK LETTERS)

of _____

accept nomination for election as the
on the Council of the Royal College of Pathologists of Australasia.

Signature: _____ Date: _____

- A nomination will consist of:
- 1) a completed nomination form
 - 2) a **brief** Curriculum Vitae
 - 3) a one page vision statement for the role

Please send your confidential nomination form and attachments via mail/email/fax to:

RCPA Nominations
Durham Hall,
207 Albion Street
Surry Hills NSW 2010

Fax: (02) 8356 5828

E-mail: rcpa@rcpa.edu.au