

TASKFORCE NOMINATION

I _____
(Name in BLOCK LETTERS)

of _____

nominate _____

for election as a member of the Taskforce

Signature: _____ Date: _____

I _____
(Name in BLOCK LETTERS)

of _____

2nd the nomination of _____

for election as a member of the Taskforce

Signature : _____ Date: _____

I _____
(Name in BLOCK LETTERS)

of _____

accept nomination as a member of the Taskforce

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
Or by Fax: (02) 8356 5828 or by email: rcpa@rcpa.edu.au