

## 2017 APA VIC National Groups Committee Nomination Form

<b>Name</b>	
<b>APA Membership ID*</b>	
<b>Contact Number</b>	

To nominate for a national group state committee you must

- Be a current APA member
- Be a member of the national group in which you are nominating
- Submit a brief supporting statement

**I wish to nominate for the following**

**APA VIC National Group Committee:** (please tick the group you wish to nominate for)

Acupuncture & Dry Needling	<input type="checkbox"/>
Animal	<input type="checkbox"/>
Aquatic	<input type="checkbox"/>
Business	<input type="checkbox"/>
Cancer Palliative Care & Lymphoedema	<input type="checkbox"/>
Cardiorespiratory	<input type="checkbox"/>
Continence & Women's Health	No vacancies
Educators	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>
Gerontology	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>
Neurology	<input type="checkbox"/>
Occupational Health	<input type="checkbox"/>
Orthopaedic	<input type="checkbox"/>
Paediatric	<input type="checkbox"/>
Pain	<input type="checkbox"/>
Physiotherapy Leadership & Management	<input type="checkbox"/>
Sports	No vacancies
Disability	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>

Proposer*:	
Signature:	Date:
APA Membership ID:	

Seconder*:	
Signature:	Date:
APA Membership ID:	

**\*Note: The member must be proposed and seconded by a current financial member of the APA.**

### NOMINEE

I accept nomination for a position on the VIC Chapter Committee of the \_\_\_\_\_  
(National Group) and submit a brief statement to support my nomination. I declare that I am a financial member of the APA and have *good fame and character* and am a *fit and proper person* to serve on the Committee.

Signature: ..... Date: .....

**Return to:**

**Returning Officer: Rose Horvat**

**Email: [rose.horvat@physiotherapy.asn.au](mailto:rose.horvat@physiotherapy.asn.au)** (preferred)

**Fax: 03 9092 0899**

**Nominations Close: 12 October 2016**