|  |  |
| --- | --- |
| Single_colour_black_logo_sized_for_A4 | Strictly confidential |

# Nomination form

## Please return this form and the statement in support of the nomination to the Academy office

We wish to nominate the following candidate for election as **Registrar** of the Academy of Medical Sciences. We confirm that the candidate consents to this nomination.

|  |  |
| --- | --- |
| Name of candidate: |  |
| Position and institution: |  |
| Specialist area: |  |

## This form must be signed by three Fellows (electronic signatures are permitted)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature 1 |  | Name (print) |  |
| Signature 2 |  | Name (print) |  |
| Signature 3 |  | Name (print) |  |

|  |  |
| --- | --- |
| Single_colour_black_logo_sized_for_A4 | Strictly confidential |

# Personal statement in support of nomination

## This form must be completed by the nominee

Full name:

Date of birth: Year of election:

Current post:.

Previous service on Council (if any):

General statement (no more than 300 words):

Signature of nominee: …………………………………………… Date: …………………………………………

Please print name here (in capitals):

Please return completed form **(and a cv)** to: Executive Director, Academy of Medical Sciences, 41 Portland Place, London W1B 1QH