

Nomination Form to stand for election to the post of Resident Doctor Committee Member of the Obstetric Anaesthetists' Association 2025 Election

**Resident Doctor**

The candidate and two members of the Obstetric Anaesthetists’ Association should complete this form in block capitals

I agree to be nominated for the post of Resident Doctor Committee Member of the Obstetric Anaesthetists’ Association at the forthcoming election.

🞎 please tick box to confirm

|  |  |
| --- | --- |
| **First Name** |  |
| **Surname** |  |
| **Address for correspondence (including postcode)** |  |
| **Current post** |  |
| **Hospital** |  |
| **Telephone (daytime and evening)** |  |
| **Email address** |  |
| **OAA Membership number** |  |
| **Signature** |  |
| ***Please provide the name and OAA membership number of a proposer and seconder, who should email the secretariat to confirm the nomination by the closing date for nominations.*** |
| **Proposed by: Name** |  |
| **OAA Membership Number** |  |
| **Seconded by: Name** |  |
| **OAA Membership Number** |  |

## PERSONAL STATEMENT

Candidates may provide a personal statement of no more than 250 words that will accompany the ballot.

**Personal statement**

**Declaration of Conflicts of Interest**

Please provide details here of any conflicts of interest that you feel may apply to this role. If you believe you do not have anything to declare, please write nothing to declare in the box.

## Completed forms should be returned to scanned and e-mailed to

## secretariat@oaa-anaes.ac.uk

## no later than 12pm on Thursday 24th April 2025