**Name of nominee (current ASCIA Associate Nurse member):**

**Click here to enter text.**

I consent to stand in this position and to fulfil the duties if elected, from December 2014 to September 2016.

Date: Click here to enter a date.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated by: Click here to enter text.

Nomination seconded by: Click here to enter text.

**IMPORTANT**

If more than one nomination is received for this position then an election should be held.

Completed forms should be emailed to education@allergy.org.au by 10 December 2014.

Chairs of ASCIA committees can serve for up to 6 consecutive years in the same role (3 x 2 year terms) if there are no other nominations for the position over that time period.