



Association of Stoma Care Nurses UK

ASCN UK Secretary Nomination Form

Nominations for the position of Secretary to be elected at the Annual General Meeting at the 2021 Conference.

(Members must have at least 2 years current membership to be eligible for nomination)

I _____ being a full member of ASCN UK wish to nominate
_____ for the position of Secretary.

Signed: _____ Date: _____

.....
I herewith SECOND the above nomination for the position of Secretary

Name (please print): _____

Address: _____

Signed: _____ Date: _____

.....
Having been duly proposed and seconded for nomination as Secretary, I herewith give my consent to allow my name to be forwarded to the ASCN UK committee for review. To support my nomination, I enclose a résumé of my professional background and reason for applying.

Name (please print): _____

Address: _____

Signed: _____ Date: _____

This form should be sent when completed, no later than **14th August 2021** to:

ASCN UK Secretariat ascnuk@in-conference.org.uk
for the attention of Claire Simpson