**BCS Health and Care Scotland Special Interest Group**

*Annual General Meeting, November 2024*

**Committee Nomination Form**

Name:

BCS post nominals:

BCS member number:

Signature:

(*\*or electronically via email*)

*Please select the position (\* required by constitution, tick all that apply)*

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| --- | --- |
| Chairperson\* | 🗸 |
| Secretary |  |
| Treasurer\* |  |
| Equality & Diversity Lead\* |  |
| Early Careers |  |
| Young Professional Group (YPG) Link |  |
| Social Media Officer |  |
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| *Short Biography:* |
|  |

***First Proposer***

Name:

Membership Number:

Signature\*:

*(\*or electronically via email)*

***Second Proposer***

Name:

Membership Number:

Signature:

*(\*or electronically via email)*