

## NOMINATION FORM

### Advanced Practice for Medical Admissions Clady Villa, Knockbracken Healthcare Park, Belfast 3 – 7 September 2007

(PLEASE COMPLETE IN BLOCK CAPITALS)

Name: ..... (Mr/Mrs/Miss/Ms/Dr)

Job Title: .....

Employing Trust: .....

Work Address: (in full).....

.....

..... Postcode: .....

Contact Number: ..... Work Email: .....

#### Please complete all contact details in full

Do you have a disability? YES / NO  
If Yes, do you have any requirements?

.....

Nominee Signature: ..... Date: .....

Name of Line Manager (BLOCK CAPITALS): .....

Signature: ..... Date: .....

**CLOSING DATE FOR NOMINATION FORM:  
Monday 16 July 2007**

#### Send Nomination Form To:

Mrs Fiona Hodkinson, Head of Centre for CPD,  
Clady Villa, Knockbracken Healthcare Park, 301 Saintfield Road, Belfast BT8 8BH

E-mail: [fhodgen@clady.bmc.n-i.nhs.uk](mailto:fhodgen@clady.bmc.n-i.nhs.uk) or fax forms as soon as possible

Tele: (028) 90204010 – Fax (028) 90204012

Forms may be downloaded at - [www.alliedhealthprofessionsni.gov.uk](http://www.alliedhealthprofessionsni.gov.uk)  
& [www.bmc.n-i.nhs.uk](http://www.bmc.n-i.nhs.uk)