

Nomination Form for QUEENSLAND STATE REPRESENTATIVE

COMMITTEE OF PAEDIATRIC SURGERY

Closing date for nominations is Wednesday 23 July 2025

Full name of nominee
(PLEASE PRINT) _____

Hospital _____

Contact telephone _____

Email address _____

Full name of Nominator 1
(PLEASE PRINT) _____

Full name of Nominator 2
(PLEASE PRINT) _____

We wish to nominate the above nominee as the South Australia Representative on the Committee of Paediatric Surgery of the Royal Australasian College of Surgeons

Signature of Nominator 1

Date

Signature of Nominator 2

Date

I consent to act if elected

Signature of Nominee

Date

Please return completed forms to:

Executive Officer, Committee of Paediatric Surgeons
Email: Committee.PaediatricSurgery@surgeons.org