**DORSET LOCAL DENTAL COMMITTEE**

ELECTIONS TO THE COMMITTEE

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| …………………………………….. CONSTITUENCYNOMINATION OF PRACTITIONER TO SERVE ON THE LOCAL DENTAL COMMITTEE |
| NAME AND ADDRESS OF GDP NOMINATED |
| PROPOSER  |
| I accept the nomination and agree to serve on the Dorset LDC if electedSigned ………………………………………………. Date………………………. |
| This nomination form to be returned toMrs Michelle Carroll (returning Officer)Dorset LDC81 Wimborne Road, Bournemouth BH3 7ANOr michelle.carroll6@nhs.netNO LATER THAN 26th MARCH 2022 |