



**ANZCA**  
FPM

## NOMINATION FORM FOR 2025 REGIONAL AND NATIONAL TRAINEE COMMITTEE

**Please select the state you are applying for:**

**We wish to nominate:**

\_\_\_\_\_  
(Print name) (College ID Number)

A trainee of the Australian and New Zealand College of Anaesthetists as a candidate for election to the 2025 Regional and National Committee of the college.

### **Nominators**

\_\_\_\_\_  
(Print name) (Signature) (College ID Number)

\_\_\_\_\_  
(Print name) (Signature) (College ID Number)

**I consent to act, if elected:**

\_\_\_\_\_  
(Print name) (Signature) (Date)