**CME Officer of the British Society for Paediatric Endocrinology and Diabetes**

**Nomination form**

# BSPED Office

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Charity No: 1135319

|  |  |
| --- | --- |
| Name: |  |
| Current Post: |  |
| BSPED Membership Number: |  |
| Postal Address: |  |
| Telephone Number: |  |
| Email Address: |  |

I would like to be considered for the position of BSPED CME Officer.

Signed:…………………………………………………………… Date:………………………………

Nominated by:

|  |  |
| --- | --- |
| Name: |  |
| Current Post: |  |
| BSPED Membership Number: |  |

Signed:…………………………………………………………… Date:………………………………

Please send this completed and signed form to the BSPED Office at:[bsped@endocrinology.org](mailto:bsped@endocrinology.org) to arrive no later than 5pm on the date given in the call for nominations. Please include your CV and approx. 200 word supportive statement with your nomination form. Faxed forms cannot be accepted.

# Chair

Talat Mushtaq, Leeds

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