

HCPA Board of Directors

Application and Nomination Form

This form should be completed in full by the individual seeking to be apply for a position on the Board of HCPA and returned to:

Trish Pearson
HCPA Ltd
Albany Chambers
26 Bridge Road East
Welwyn Garden City
Herts AL7 1HL

Please mark your envelope Private and Confidential.

trishpearson@hcpa.info or 0203 167 4682

Closing date for applications is **31st August 2010**

PERSONAL DETAILS	
TITLE	
FORENAMES	
SURNAME	
ADDRESS FOR CORRESPONDENCE	
POSTCODE	
CONTACT TEL	FAX NO
EMAIL	MOBILE

CAREER HISTORY

EMPLOYERS' NAME AND ADDRESS AND TYPE OF BUSINESS	DATES		STATE POSITIONS HELD, YOUR MAIN DUTIES INCLUDING ANY MANAGEMENT RESPONSIBILITIES
	FROM	TO	

PERSONAL STATEMENT

Please provide information to support your application for this voluntary position.

SUPPORT FOR YOUR APPLICATION

Two existing members, who have agreed to act as your nominees, must support your application. One must propose and the other second your application

1. PROPOSER

NAME

SIGNATURE:

DATE:

Please note an e mail to Trish Pearson will be acceptable if unable to acquire signature within the identified timescale

2. SECONDER

NAME

SIGNATURE:

DATE:

Please note an e mail to Trish Pearson will be acceptable if unable to acquire signature within the identified timescale