**BSP Early Career Group**

**Officer Nomination Form**

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| --- | --- |
| **Full name:** |  |
| **E-mail address:** |  |
| **Telephone number:** |  |
| **Seconded by:** |  |
| **Their e-mail address:** |  |
| **Applying for the position of:**  **☐ Secretary** **☐ Mono-specialty Representative** **☐ Academic Representative** **☐ Dental Hygiene and Therapy Representative** **☐ Social Media Officer** **☐ NHS Representative** |
| **Personal statement (maximum 400 words):** |
| **Signature:** | **Date:** |

\*Please remember to include your CV with your application.