

**GREATER GLASGOW AND CLYDE HEALTH BOARD
GENERAL PRACTITIONER SUB-COMMITTEE
of the
AREA DENTAL COMMITTEE**

CONSTITUENCY (please insert)

We the undernoted Proposer and Seconder being Members of the above Constituency, **HEREBY NOMINATE** the undernoted candidate, who practises in the above Constituency, as a representative of the above Constituency on the General Practitioner Sub-Committee of the Area Dental Committee of the Greater Glasgow and Clyde Health Board with effect from 1 April 2021. The Proposer, Seconder and Candidate are all Dentists on the Dental List of the Health Board.

CANDIDATE'S FULL NAME

ADDRESS

PROPOSER'S SIGNATURE

PROPOSER'S FULL NAME

ADDRESS

SECONDER'S SIGNATURE

SECONDER'S FULL NAME

ADDRESS

I, the above mentioned Candidate confirm that I practise in the above Constituency. I **Hereby Accept** the foregoing nomination and I agree that I am willing to accept office as a Representative of the above Constituency on the General Practitioner Sub-Committee of the Area Dental Committee of the Greater Glasgow and Clyde Health Board with effect from 1 April 2021.

CANDIDATE'S SIGNATURE