

Committee on Accreditation Nomination Form

This form is a fillable PDF form. Please complete by clicking the fields and typing/selecting.

Nominee details:

Name:

Contact email:

Contact phone:

Nomination details: (please tick)

I am nominating for:

- Committee Chairperson
- Committee Member

I am eligible against one or more of the following categories:

- Appropriate knowledge, experience and/or involvement in accreditation procedures (Chiropractor or non-Chiropractor)
- Senior academic currently employed in chiropractic programs in Australia or New Zealand
- Full-time practising chiropractor
- Community member whose primary experience is as a health consumer

Required documents:

- A brief statement (see page 2) describing your interest in the committee, and the skills, experience and value you would bring
- A brief resume or curriculum vitae (attach)

Consent of nominee:

- I am willing to take on this role if I am elected to this position.

Signature of nominee:

Date:

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Name	
Current Position Held	
Qualifications	
Briefly describe your interest in the committee, and the skills, knowledge and experience you would contribute (maximum 300 words):	

Late and / or incomplete nominations will not be accepted. Please email this form and attachments to the Executive Officer, Ms Caroline Khalil at executive.officer@ccea.com.au by **COB 26 April 2019**. If you have any questions, please contact Ms Khalil on +61 400 101 109.