**Application for Mammary Fold Committee 2021-2023 (2 year term)**:

**1. Demographics:**

Forename

Surname

E-mail address

Mobile number

Current training grade:

**2. Position applying fo: ASIT Representative**

**\*3. I confirm that I will be available to the handover of duties at the Mammary Fold AGM (held by zoom)**

**\*4. I confirm that I will hold membership of ABS during my committee post if elected:**

**\*5. I am self-nominated for my chosen role but the following members of the Mammary Fold second my nomination and have agreed to be contacted on the following e-mail addresses to confirm my good standing as a member of the Mammary Fold suitable for office on the Committee**

First seconder and email address:

Second seconder and email address:

**\*6. We need a statement from you to help Mammary Fold members decide their choice of candidate for the role, with a word limit of 250 words. I believe that I am the ideal candidate for my chosen role because…….**