

**STATE ADVISORY COMMITTEE SOUTH AUSTRALIA: NOMINATION FORM**

1. **Personal Details**
	1. Name:
	2. Home address:

* 1. Work name and address:

* 1. Contact number:
	2. Email address:
	3. Member number:……………………………………………………………………………………………………..
1. **Selection Criteria**
	1. Are you a current member of Optometry Victoria South Australia? Yes ○ / No ○
	2. Please briefly describe your career history, including the type of practice you currently work in (if applicable), any optometric areas of particular interest and your experience in this area.

* 1. Please describe any committees or formal groups you have previously or are currently involved with, and your role within those.

* 1. Is there anything else you would like to say in support of your nomination?

**Nominations are due in the Optometry Victoria South Australia office by 5pm Monday 30 November 2019:** **office.vicsa@optometry.org.au**