

**SCHEDULE 2**

**Form for nomination to the South Australian Institute of Medical Education and Training – Trainee Medical Officer Member**

**To: The Presiding Member South Australian Institute of Medical Education and Training**

I.....(insert full name) of.....(insert address) hereby nominate to be considered for appointment under clause 23 of the Rules of the South Australian Institute of Medical Education and Training and confirm that I am a Trainee Medical Officer who graduated from medical school one/two/three or more year(s) ago (circle applicable year).

.....  
**Signature of nominee**

**Date:**

**A copy of my current curriculum vitae is attached.**