

SCHEDULE 3

Form for nomination to the South Australian Institute of Medical Education and Training – Director of Clinical Training, Director of Medical Services and Medical Education Officer

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 21 of the Rules of the South Australian Institute of Medical Education and Training and confirm that I am employed by the State Government in the position of.....(insert relevant position title) my employing entity is.....(insert relevant health entity eg Central Northern Adelaide Health Service).

.....
Signature of nominee

Date:

.....
Signature of employee's Chief Executive/Chief Executive Officer or delegate

Date: