# RTRSIG Leadership Committee Nomination Form

**Name**: **Date**:

**Clinic**:

**Position**:

**Experience providing TEAP training**:

**Reason for wanting to join ROMP TEAP Resources Leadership Committee:**

Please indicate in priority order any Leadership Committee roles you wish to nominate for.

|  |  |
| --- | --- |
| **Key Area** | **Nomination priority order:** *number any roles you wish to nominate for where 1 is your first preference* |
| Special Interest Group Chair |  |
| Newly Qualified Representative |  |
| Key Area 2 Lead |  |
| Key Area 3 Lead |  |
| Key Area 4 Lead |  |
| Key Area 5 Lead |  |
| Key Area 6 Lead |  |
| Key Area 7 Lead |  |
| Key Area 8 Lead |  |
| Key Area 9 Lead |  |