



Irish College of Paramedics

"The Professional Body for Irish Pre-hospital Emergency Care Practitioners"

NOMINATION FORM

As part of the ICOP AGM we require nominations from members to become part of the committee. 3 persons are required to be nominated from each level of practitioner: EMT/ Paramedic / Advanced Paramedic. Nominees must be registered members of ICOP and PHECC registered on or before the 8th May 2015.

1. Fill in your name and relevant details.
2. Get two registered ICOP Members that are PHECC registered Practitioners of the same practicing level to sign the form nominating you for your level of practitioner to be part of the ICOP Committee.
3. Return the signed form to the postal address given before **8th May 2015**.
4. Nominations will be posted on the AGM page from **12th May 2015**.

Send your completed form to:

Irish College of Paramedics
4 Keeper Road
Drimnagh
Dublin 12

Telephone: +353 1 244 6655

eMail: icoptreasurer@gmail.com

Please note forms must be fully completed in order to be accepted.
ICOP will not be held responsible for any postal system delivery failures.



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Nominee for Irish College of Paramedics Committee Member 2015

First name:	Surname:
Nominee's postal address:	
Nominee's phone number:	
Nominee's PHECC ID:	
Nominee's Practitioner Level:	
I hereby declare that I wish to be nominated to be part of the ICOP Committee	
Signature:	



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Nominated by:

I hereby nominate _____ to be listed as a Nominee for the post of Irish College of Paramedics Committee Member to be held at the 2015 AGM.

Name:	
Address:	
Telephone:	
PHECC ID:	
Practitioner Level:	
Signature:	



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Nominated by:

I hereby nominate _____ to be listed as a Nominee for the post of Irish College of Paramedics Committee Member to be held at the 2015 AGM.

Name:	
Address:	
Telephone:	
PHECC ID:	
Practitioner Level:	
Signature:	