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| **CMSUK Director Nomination Form** **Part 1** |

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| **Nominee Details:** | Name: |  |
|  | Company: |  |
|  | Job Title |  |
|  | CMSUK Membership No: |  |
|  | Address: |  |
|  | Telephone: |  |
|  | Email: |  |
|  | Signature: |  |
| **Supporter 1 Details:** | Name: |  |
|  | Company: |  |
|  | Job Title |  |
|  | CMSUK Membership No: |  |
|  | Address: |  |
|  | Telephone: |  |
|  | Email: |  |
|  | Signature |  |
| **Supporter 2 Details:** | Name: |  |
|  | Company: |  |
|  | Job Title |  |
|  | CMSUK Membership No: |  |
|  | Address: |  |
|  | Telephone: |  |
|  | Email: |  |
|  | Signature: |  |



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| **CMSUK Director Nomination Form** **Part 2** |

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| Nominee Name: |
| Nominee Company: |
| Nominee Biography (no more than 150 words) |
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| Nominee Aims for 3 years as Director (No more than 150 words) |
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Case Management Society UK

c/o Coastal Case Management

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