

Nomination Form

The forum is open to all healthcare students. We would like 2 representatives from each cohort from each course. Please return the completed form to Natalie Cox: natalie.cox@wales.nhs.uk.

I give consent to my details being held by WEDS on the WHSF database, and understand that my information will not be shared unless express permission is granted.

Name:.....

University:.....

Course:.....

Year of Study: 1st year Full-time
 2nd Year Part-time
 3rd Year
 4th Year
 5th Year
Intake: March
 September

Primary Email Address

2nd Email Address:.....

Please detail any dietary requirements

.....

.....

For WHSF polo shirts and hoodies what size would fit you best (medium to xxl)

.....

The following section must be completed by your personal tutor:

I support in their application for Course Representative. I agree that the student named above can have the time to attend WHSF meetings counted as placement hours.

The help and support we have received from the universities across Wales has been fantastic and we hope you continue to support us in giving students a voice to ensure the best possible educational experience.

Tutor's Name:

Tutor's Position:

Tutor's signature:

Date:

