



ACCREDITED SPECIALISATION ADVISORY COMMITTEE MEMBER NOMINATION FORM

Area of specialisation:	
Full name:	
LIV Membership number (if applicable):	
Organisation:	
Address:	
Phone:	
Email:	
Brief summary of work history:	
Brief statement (50 -100 words) on why you would like to join the Advisory Committee:	

I have attached my CV (maximum two pages)

Nominations are to be submitted C/O Secretary, Accredited Specialisation Board via special@liv.asn.au . Nominations are to be submitted in a word document.

If you have any questions please contact the Specialisation team on 9607 9460 or special@liv.asn.au.