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# BUCKINGHAMSHIRE LOCAL MEDICAL COMMITTEE

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Chairman  
Dr Andy Sapsford  
Rectory Meadow Surgery  
School Lane  
Amersham  
Bucks  
HP7 0HG

Tel: 01494 727711  
Fax: 01494 431790  
andrew.sapsford@nhs.net

Treasurer  
Dr Graham Jackson  
Whitehill Surgery  
Oxford Road  
Aylesbury  
Bucks  
HP19 8EN

Tel: 01296 432742  
Fax: 01296 398774  
graham.jackson@nhs.net

Secretary  
Dr Paul Roblin  
Secretariat of Berks Bucks & Oxon LMCs  
Mere House  
Dedmere Road  
Marlow  
Bucks SL7 1PB

Tel: 01628 475727  
Fax: 01628 487142  
paul.roblin@bbolmc.co.uk

04 January 2008

ref: pag: lmcelecs08-01

## TO: ALL GENERAL PRACTITIONERS IN BUCKINGHAMSHIRE

Dear Colleague

### Elections to Buckinghamshire County Local Medical Committee

Self nominations are sought for representatives to serve on a newly elected Buckinghamshire Local Medical Committee (LMC) for a four year term of office commencing 01 April 2008. The number of vacancies per PCT area is:

PCT	CONSTITUENCY	REP NUMBERS
Buckinghamshire	Milton Keynes	6
	Vale of Aylesbury	5
	Chiltern & South Bucks	4
	Wycombe	4

Those eligible to stand and vote are:

- 1 GPs contracted to provide primary care services by one of the 5 PCTs in the three counties.
- 2 GPs employed by practices contracted to provide primary care services by one of the 5 PCTs in the three counties.
- 3 Freelance GPs on a Performers List in the three counties who have registered with the LMC Secretariat in Marlow (01628 475727 or [www.bbolmc.co.uk](http://www.bbolmc.co.uk)).

A self nomination proforma is attached for your use. **Completed papers should be returned to the LMC Secretariat Office in Marlow by 4.30 pm on Friday, 08 February 2008.** Voting will take place in any PCT area where the number of candidates exceeds the number of vacancies.

Yours sincerely



**Paul Roblin**  
LMC Secretary

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**I would like to nominate myself for election to the Buckinghamshire LMC for the constituency of:  
Milton Keynes/Aylesbury/Chiltern and South Bucks/Wycombe  
(delete as appropriate)**

**I certify that:**

- **I am eligible to stand and vote via criterion no 1/2/3 (delete as appropriate)**
- **The practice I work for pays both the statutory and voluntary LMC levy**

**Name:**

**Practice Address and Tel Number:**

**Home Address and Tel Number:**

**Preferred email Address:**

**Mobile Tel Number:**

**Signature:**

**Date:**