

ANNUAL GENERAL MEETING 11 NOVEMBER 2017 – PROXY FORM

As a member of the Society, you are entitled to appoint a proxy to attend, speak and vote at a general meeting of the Society, even if you are unable to attend the meeting. This is called proxy voting. Members should complete this Proxy Form if they want to vote by proxy at this year’s Annual General Meeting.

The Proxy Form must completed, signed and received by the Chief Executive’s office by **12.30pm on Monday 6 November 2017**. Hard copies should be posted to: Chartered Society of Physiotherapy, 14 Bedford Row, London WC1R 4ED. Scanned and digitally photographed copies, which are clearly legible, should be sent by email to agm@csp.org.uk, where any queries may also be addressed.

|  |  |
| --- | --- |
| Name:  | Caroline Griffiths |
| Address:3 Bungalow Close BeckleyOX3 9XA |
| CSP Membership Number: | 0 | 3 | 8 | 4 |  | 8 | 9 |

To vote by proxy you must appoint someone to vote on your behalf. This can be the Chair of the meeting or another person who will be at the meeting. Please let us know who your proxy will be by completing either Box 1 or 2 below and the voting instructions overleaf.

|  |  |
| --- | --- |
| **1. The Chair of the meeting** | **\*Y** |
| *Tick the box above to appoint the Chair of the Meeting as your proxy* |

|  |  |
| --- | --- |
| **2. The following CSP member** |  |
| *Tick the box above and insert the name, address and CSP membership number of the CSP member you wish to appoint to vote in person on your behalf at the meeting* |
| Proxy's Name: |
| Proxy's Address: |
| Proxy's CSP Membership Number: |  |  |  |  |  |  |  |

**Now complete your voting instructions overleaf. If you wish to give your proxy discretion to vote, leave the voting boxes blank.**

**PROXY FORM**

To direct your proxy how to vote on the resolutions, tick one of the boxes against each Resolution listed below.  If no voting indication is given, your proxy may vote (or abstain from voting) at their discretion.

**I INSTRUCT MY PROXY TO VOTE AS FOLLOWS (place a cross in the relevant box):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MOTION** | **FOR** | AGAINST |
|  | To approve the Minutes of the AGM held on 12 November 2016 | Y |  |
|  | To receive the Annual (Impact) Report for 2016 | Y |  |
|  | To consider and receive the Balance Sheet and the Accounts for the year ended 31 December 2016 | Y |  |
|  | To reappoint RSM UK AUDIT LLP as Auditors for the 2017 Annual Accounts | Y |  |
|  | To reappoint Crowe Clark Whitehill as the Assurer for the 2017 Membership Audit Certificate | Y |  |
|  | To approve the adoption of Council’s preferred governance model, with a Council of 12 elected members, supported by three committees | Y |  |
|  | \*To approve proposed changes to the Bye-Laws to implement Council’s recommendations from the Governance Review, subject to any amendments required by the Privy Council and agreed by the CSP Council | Y |  |
|  | To approve the required interim arrangements to support the adoption of Council’s preferred governance model, including confirmation of the deferral of the 2017 Council elections until 2018; and to authorise the interim Council to manage the affairs of the Society in the interim period on behalf of all the Members of the Society, irrespective of the constituency which elected them. | Y |  |
|  | To approve Council’s recommendations to make changes to membership grades and categories and to clarify members’ rights, duties and privileges | Y |  |
|  | \*To approve proposed changes to the Bye-Laws to implement Council’s recommendations from the Membership Review, subject to any amendments required by the Privy Council and agreed by the CSP Council | Y |  |
|  | \*To approve Council’s recommendations to make other changes to the Bye-Laws for clarity, consistency and/or fitness for purpose, subject to any amendments required by the Privy Council and agreed by the CSP Council | Y |  |

*\*In accordance with the Charter, changes to the Bye-Laws must be approved by Fellows, Members and Student members only.*

## Signature ……………………………………………………… Date ………………………….

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