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| **Nomination Form** |

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| **Position:** |  |
| **Name of candidate:** |  |
| **Address of candidate:** |  |
| **Phone number of candidate:** |  |
| **Email address of candidate:** |  |
| **Nominating group:** |  |
| **Proposer:**  (Chairman / Secretary of Nominating Group) |  |
| **Email address of proposer:** |  |
| **Phone number of propose**r: |  |
| **The experience / skills the candidate would bring to the Committee:** | |

I The undersigned

**1) Confirm that the nominee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT Nominee Name) is a member of the above organisation.**

**2) Are satisfied that this nominee meets the criteria.**

**3) Have completed the candidate form outlining how the nominee meets the requirements.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_