

**IMPORTANT: Please refer to the accompanying information document**

**NOMINATION FORM – 4 sections to be completed**

**Complete a separate nomination form for each nomination**

**The closing date for receipt of completed nomination forms is 10pm Sunday 29<sup>th</sup> November 2020**

Limerick City and County Council have requested:

1. One representative from a city-based group, ideally from the Environment Pillar, who has a knowledge of and interest in **biodiversity** and, ideally, **environmental education**
2. One representative from a city-based group, ideally from the Social Inclusion Pillar, who has knowledge of and interest in **disability issues**

**SECTION 1 – LINKAGE GROUP AND PILLAR**

By submitting this signed nomination form, your group is confirming it is joining the URBACT Health and Greenspace [Linkage Group](#). NOTE: A PPN member group/organisation can join the Linkage Group without making a nomination.

PPN members from the Limerick Metropolitan Municipal District can nominate for these seats.

Please indicate clearly which Pillar your group/organisation is a member of and which seat you are nominating for.

<b>LINKAGE GROUP</b>	<b>Municipal District</b>	<b>PILLAR</b> <i>Which pillar is your group/organisation a member of</i>	<b>Seat you are nominating to (select one)</b>
URBACT Health and Greenspace Linkage Group  <input checked="" type="checkbox"/>	Limerick Metropolitan  <input checked="" type="checkbox"/>	Environment <input type="checkbox"/>	1. One representative from a city-based group, ideally from the Environment Pillar, who has a knowledge of and interest in <b>biodiversity</b> and, ideally, <b>environmental education</b> <input type="checkbox"/>
		Social Inclusion <input type="checkbox"/>	2. One representative from a city-based group, ideally from the Social Inclusion Pillar, who has knowledge of and interest in <b>disability issues</b> <input type="checkbox"/>
		Community <input type="checkbox"/>	

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### SECTION 2 – NOMINATING BODY’S DETAILS

Please give details of the nominating body. The nomination form must be signed by two members of the nominating body’s management committee (or equivalent). The nominee must not be one of the signatories. If signatures are not possible due to ongoing measures to protect public health, an email from a personal email address of each of the signatories will be accepted.

Name of PPN member group/organisation that is nominating: _____	
PPN membership number of the group/organisation: _____ (email <a href="mailto:ppn@limerick.ie">ppn@limerick.ie</a> if you do not know the number)	
<b><u>Declaration on behalf of nominating body</u></b>	
<b>We, the undersigned, confirm that:</b>	
1) The nominee _____ (PRINT Nominee Name) is an active member of the above group/organisation.	
2) We are satisfied that this nominee meets the criteria to be a PPN Representative (see section 8 of attached information document)	
3) Our group/organisation’s management committee (or equivalent) have agreed to this nomination.	
Proposed by (PRINT NAME):	Seconded by (PRINT NAME):
Signature of proposer:	Signature of seconder:
Position Held:	Position Held:
Date:	Date:

### SECTION 3 – NOMINEE’S DETAILS

Please note that nominees must confirm their willingness to have their name put forward for nomination, and for their Personal Statement to be made publicly available for PPN nomination and election purposes. If a signature is not possible due to ongoing measures to protect public health, an email from the personal email address of the nominee will be accepted.

Name of Nominee: _____
Address of Nominee: _____
Contact Mobile No: _____
Contact E-mail: _____

**IMPORTANT: Please refer to the accompanying information document**

Declaration of Nominee

I, the undersigned, confirm that:

- 1) I am willing to allow my name go forward as a nominee for the PPN election to the URBACT Health and Greenspace Local Group
- 2) I consent to my Personal Statement (section 4) being made publicly available on the Limerick PPN website and circulated to PPN members.
- 3) In the event that I am elected, I consent to my contact details being communicated to relevant staff of Limerick City and County Council.
- 4) I agree to sign the Limerick PPN Code of Conduct. I understand that failure to sign it is likely to result in my automatic removal from any representative role I hold.
- 5) I have read the criteria to be a PPN Representative (section 8 in the accompanying document) and I meet these criteria, including:
- 6) I have not put myself forward for nomination to be elected, stood for election or been an elected representative at any level of government (local or national) for a period of twelve (12) months:
  - a) after the date on which I was advised that my bid for nomination was unsuccessful
  - b) from the date of the election if my nomination bid was successful
  - c) after completing my term of office if I was elected to office

Signature: \_\_\_\_\_

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

**SECTION 4 – PERSONAL STATEMENT**

Personal Statement of the Nominee

1. Name of Nominee: \_\_\_\_\_

2. Name of Nominating Body: \_\_\_\_\_

3. Provide a paragraph that can be shared with PPN and Linkage Group members. Please consider the requirements of this role and project **(100-250 words typed – please also send this as plain text to [ppn@limerick.ie](mailto:ppn@limerick.ie))**.

You might like to include:

- what skills you have that would help you as a PPN Representative on the URBACT Health and Greenspace Local Group
- what experience you have that would help you as a PPN Representative on the URBACT Health and Greenspace Local Group
- why you would like to be a PPN Representative on the URBACT Health and Greenspace Local Group