



IMPORTANT: Please refer to the accompanying information document

Home and Social Development SPC **1 vacant Community Pillar seat**

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 2pm Friday 30th April 2021

SECTION 1 – LINKAGE GROUP AND PILLAR

Please indicate clearly which Linkage Group/SPC and Pillar your nomination relates to.

Do note what pillar the vacant seat is in.

LINKAGE GROUP <i>Select 1 Linkage Group only</i>	PILLAR <i>This will be verified against your group/organisation's membership record</i>
Home and Social Development <input type="checkbox"/>	Community <input type="checkbox"/>

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 ppn@limerick.ie if you do not know the number)	
<u>Declaration on behalf of nominating body</u>	
We, the undersigned, confirm that:	
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 7 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:



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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: _____

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 _____ (name of committee) of Limerick City and County Council.
- 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 Corporate Services of Limerick City and County Council.
- 4) I am willing to address (maximum of 1 minute) the Linkage Group where the election for the above committee will take place – should this be requested by the Secretariat.
- 5) 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.
- 6) I have read the criteria to be a PPN Representative (section 7 in the accompanying document) and I meet these criteria, including:
- 7) 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 **(100-250 words typed – please also send this as plain text to ppn@limerick.ie)**.
 You might like to include:
 - what skills you have that would help you as a PPN Representative on the named committee
 - what experience you have that would help you as a PPN Representative on the named committee
 - why you would like to be a PPN Representative on the named committee