

IMPORTANT: Please refer to the accompanying information document

NOMINATION FORM – 4 sections to be completed

The closing date for receipt of completed nomination forms is 2pm Friday 25th March 2022

SECTION 1 – LINKAGE GROUP AND PILLAR

Limerick PPN members of the [Community, Leisure & Culture Linkage Group](#) can make nominations for this position. Limerick PPN members will be able to join this [Linkage Group](#) up to **2pm Friday 25th March 2022** when the option of joining Linkage Groups will be suspended until the elections are over. Simply email ppn@limerick.ie if you wish to join any Linkage Group

Please confirm your Linkage Group and the Pillar your group/organisation belongs to, if you are unsure of the Pillar your group is a member of, email ppn@limerick.ie to find out.

| LINKAGE GROUP | PILLAR <i>Which pillar is your group/organisation a member of</i> |
|---|---|
| Community, Leisure & Culture <input data-bbox="738 898 836 965" type="checkbox"/> | Community <input data-bbox="1206 898 1286 965" type="checkbox"/> Social Inclusion <input data-bbox="1206 1003 1286 1070" type="checkbox"/> Environment <input data-bbox="1206 1122 1286 1189" 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)

Declaration on behalf of nominating body

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 8 of attached information document)
- 3) Our group/organisation’s management committee (or equivalent) have agreed to this nomination.

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|---------------------------|---------------------------|
| 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.

| |
|--|
| <p>Name of Nominee: _____</p> <p>Address of Nominee: _____</p> <p>Contact Mobile No: _____</p> <p>Contact E-mail: _____</p> |
| <p style="text-align: center;"><u>Declaration of Nominee</u></p> <p>I, the undersigned, confirm that:</p> <ol style="list-style-type: none"> 1) I am willing to allow my name go forward as a nominee for the PPN election to the Limerick Active Cities Steering 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 Sports Partnership and 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: <ol style="list-style-type: none"> 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 |

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| |
|------------------|
| 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).**

You might like to include:

- what skills you have that would help you as a PPN Representative on the Limerick Active Cities Steering Group
- what experience you have that would help you as a PPN Representative on the Limerick Active Cities Steering Group
- why you would like to be a PPN Representative on the Limerick Active Cities Steering Group