

NOMINATION FORM FOR SECRETARIAT ELECTIONS (January 2024)

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 2pm Friday 26th January 2024

SECTION 1 – SECTOR/PILLAR

There are (6) Vacant Seats:

Please confirm your nomination and the Pillar your group/organisation belongs to.

LIMERICK PPN SECRETARIAT	PILLAR
<input type="checkbox"/>	Cappamore/ Kilmallock <input type="checkbox"/>
LIMERICK PPN SECRETARIAT	PILLAR
<input type="checkbox"/>	Limerick Meteropolitan <input type="checkbox"/>
LIMERICK PPN SECRETARIAT	PILLAR
<input type="checkbox"/>	Community/Voluntary <input type="checkbox"/>
LIMERICK PPN SECRETARIAT	PILLAR
<input type="checkbox"/>	Social Inclusion <input type="checkbox"/>
LIMERICK PPN SECRETARIAT	PILLAR
<input type="checkbox"/>	Environmental <input type="checkbox"/>
<input type="checkbox"/>	Environmental <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 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 member of the Limerick PPN Secretariat (see section 4 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: _____
<u>Declaration of Nominee</u>
I, the undersigned, confirm that:
1) I am willing to allow my name go forward as a nominee for the PPN election to the Limerick PPN Secretariat
2) I consent to my Personal Statement (section 4) being made publicly available on the Limerick PPN website and circulated to PPN members.
3) I am willing to address (maximum of 1 minute) the Plenary – should this be requested by the Secretariat.
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 member of the PPN Secretariat (section 4 in the accompanying document) and I meet these criteria
6) I understand what is expected of me as a PPN Secretariat member
Signature: _____
Date: _____

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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 membership (**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 Secretariat member
- what experience you have that would help you as a PPN Secretariat member
- why you would like to be on the PPN Secretariat