



IMPORTANT: Please refer to the accompanying information document

	1 Vacant Seat	
Social Inclusion Pillar	1	
Environmental Pillar	1	
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, 19th of September 2025

SECTION 1 – LINKAGE GROUP AND PILLAR

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

LINKAGE GROUP/ Preferred SPC (Select multiple if you are a member of more than 1	PILLAR This will be verified against your
Linkage Group and in order of SPC preference)	group/organisation's membership record
Local Community Development Committee	Social Inclusion Pillar
	Environmental Pillar





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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, an email from a personal email address of <u>each</u> of the signatories will be accepted.

Name of PPN member group/organisation that is nominating:			
PPN membership number of the group/organisation	on:		
(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 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, <u>and</u> for their Personal Statement to be made publicly available for PPN nomination and election purposes. If a signature is not possible, 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:	
I, the undersigned, confirm that: 1) I am willing to allow my name go forward as a nominee for the PPN election to the	PPN ate above o result in) and I an elected
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 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 	