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| **Position: Member of Roscommon PPN Secretariat** | **Pillar: Social Inclusion** |

**Please note: The vacancy is only for groups registered in the listed pillar above.**

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

**The closing date for receipt of completed nomination forms is 5pm, Thurs. 16th December 2021**

**SECTION 1 – Pillar and Municipal District**

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| **Pillar**  Please tick which pillar your group/organisation a member of\*: | | **Municipal District**  Please tick which municipal district your group/organisation a member of\*: | |
| Community |  | Athlone |  |
| Environment |  | Boyle |  |
| Social Inclusion |  | Roscommon |  |

\* *This will be verified against your group/organisation’s membership record*

**SECTION 2 – Group/organisation Details**

Please give details of the group/organisation. The nomination form must be signed by two members of the nominating group/organisation 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.

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| Name of PPN member group/organisation that is nominating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PPN membership number of the group/organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (email [info@roscommonppn.ie](mailto:info@roscommonppn.ie) if you do not know the number) | |
| Required documentation  The nominating group/organisation is required to provide the following documentation:   1. Nominating group/organisation’s **constitution**. 2. **Minutes** of the most recent **AGM** of the nominating group/organisation. 3. Minutes of the **meeting** of the nominating group/organisation noting that the nomination was agreed (if no meeting was held please provide details and evidence of how the decision was made). | |
| Declaration on behalf of nominating group/organisation  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 4 of information document). 3. Our group/organisation’s management committee (or equivalent) have agreed to this nomination. 4. We have provided Roscommon PPN with the above listed documentation. | |
| Proposed by (PRINT NAME): | Proposed 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 e-signature and an email from the personal email address of the nominee will be accepted.

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| Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 Secretariat. 2. I consent to my Personal Statement (section 4) being made publicly available on the Roscommon PPN website and circulated to PPN members. 3. I agree to sign and uphold the Roscommon PPN Code of Conduct. I understand that failure to sign it is likely to result in my automatic removal from any representative role that I hold. 4. I have read the criteria to be a PPN representative (section 4 of the information document) and I meet these criteria. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 4 – Personal Statement**

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| Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Nominating Group/Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Provide a paragraph that can be shared with PPN members. Please consider the requirements of this role.   You might like to **include:**   * What skills you have that would help you as a member of the Roscommon PPN Secretariat? * What experience you have that would help you as a member of the Roscommon PPN Secretariat? * Why you would like to be a member of the Roscommon PPN Secretariat? |