

**Nomination Form**

**PPN Representation roles on the following committees:**

1. Sligo Strategic Policy Committees
2. Sligo Joint Policing Committee

Please note : Just **one seat** per nomination form. A separate form must be filled in for each seat you are nominating for

**Deadline: 4.30pm Monday 25 November 2019**

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| **Please place an ‘X’ beside the position you are applying for**  *Note: You can only nominate for one position on each form.* | |
| **Sligo Strategic Policy Committees X**  **below** | |
| **SPC1 Housing and Corporate** |  |
| **Environment Seat** |  |
| **Social Inclusion Seat** |  |
| **Community & Voluntary Seat** |  |
| **SPC2 Environment and Infrastructure** |  |
| **Environment Seat** |  |
| **Community & Voluntary Seat** |  |
| **SPC3 Planning, Community & Economic Development, Arts & Culture** |  |
| **Environment Seat** |  |
| **Social Inclusion Seat** |  |
| **Community & Voluntary Seat** |  |
| **SPC4 Climate Change** |  |
| **Environment Seat** |  |
| **Community & Voluntary Seat** |  |
| **Sligo Joint Policing Committee** | |
| **General Seat (any pillar)** |  |

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| **Please complete questions 1 to X in full and in BLOCK CAPITALS.** | |
| **1. Name of Group Making Nomination** | |
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| **2. Group PPN Number** | |
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| **3. Name of Person Making Nomination on behalf of group** | |
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| 1. **Contact Information of Nominating person** | |
| Address: | |
| Email: | |
| Phone: | |
| **NOMINEE DETAILS**  **To be completed with nominee - ensure the name provided is as the nominee would wish it to appear on the ballot paper** | |
| 1. **Name of Nominee** | |
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| 1. **Contact Details of Nominee** | |
| Address (Please include Eircode) |  |
| Email |  |
| Mobile |  |
| Phone |  |
| **7. Has nominee read the brief associated with the position?** <http://www.sligoppn.com/2019-elections-make-your-nomination/> | |
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| **8. Does nominee understand the role nominated for? Y/N** | |
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| **9. Can nominee commit to the role, including attending meetings during core work hours (9am – 5pm) Y/N** | |
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| **10. Candidate Statement (Up to a maximum 150 words)** This will be circulated to members ahead of the election. State why nominee is the most suitable candidate for the role. | |
| *Testing the length of words.* | |

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| **Political Affiliations and Activity** |
| **PPN Representation is based on volunteer-led organisations and must be a separate process from the political process. As per Department of Rural and Community Development, the following applies:**   * Elected representatives of Local Authorities, Oireachtas members or European Parliament members cannot be nominated through the PPN process. * If anyone nominated to the PPN through this process subsequently decides to enter electoral politics, at either Local Authority, National or European level, they must immediately resign their PPN representative role when they declare their candidacy. * A person who has stood for election or been co-opted, or who has been an elected representative on any level of government (Local, National or European) may not be chosen to represent the PPN on any representative role **for one year** after the date of the election or after completing their term of office * Elected PPN representatives PPN may not operate as a Local Area Representative for a political party.   By proceeding with this nomination, you declare that you are not involved in, or have, political affiliations as described in this section.  **If you have any queries regarding this section or require clarification, please contact** [**ppn@sligococo.ie**](mailto:ppn@sligococo.ie) **or 071 91 14430.** |

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| **I fully understand the role I am being nominated for and the process of election and approve of this nomination.** | | | | |
| **Signature of Nominee** | | *(Digitally signature will suffice)* | **Date** |  |
| **Authorisation from Organisation of Nominee (Authorised Officer)** | | | | |
| This nomination must be authorised by the nominee’s organisation. The Authorised Officer is the organisation’s Chairperson. If the Chairperson and Nominee is the same person, this nomination needs to be authorised by a different office holder (i.e. Secretary or Treasurer). | | | | |
| **Name** |  | | | |
| **Position** |  | | | |
| **Mobile** |  | | | |
| **Email** |  | | | |
| **This person will be contacted to confirm the nomination.** | | | | |
| Thank you for filling in this nomination form. Please submit fully completed forms by  **Email:** [ppn@sligococo.ie](mailto:ppn@sligococo.ie) **or**  **Hand:** Mark the envelope “Nominations, Sligo PPN” and drop into City Hall, Quay Street. The onus is on the group to ensure nomination official received by Sligo PPN  **Post:** Nominations,Sligo PPN, Sligo County Council, Quay Street, Sligo  For further enquiries email [ppn@sligococo.ie](mailto:ppn@sligococo.ie) or call 071 91 14430  Closing 4.30pm 25 November  Be sure to include a photograph of the nominee for the purpose of ballot papers  **Incomplete forms will be deemed invalid.** | | | | |

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| **Can you confirm that you are available to attend the following events if you are successful in this process? Please tick**  **- PPN Representatives Gathering December 12**  **- PPN Representative Training January 2020 (date tbc)**  ***(Applicable to all positions)*** |
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Go to <http://www.sligoppn.com/privacy-statement/> to read our Privacy Statement, meeting requirements under GDPR legislation