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| --- | --- | --- | --- | --- | --- |
| **PPN logo.png** | | | | | |
| **Please complete this form in full and in BLOCK CAPITALS.** | | | | | |
| **1. Name of Nominee** | | | | | |
|  | | | | | |
| **2. Registered PPN Organisation/Group of Nominee** | | | | | |
|  | | | | | |
| **3. Pillar of Nominee**(Community & Voluntary, Environment or Social Inclusion) | | | | | |
|  | | | | | |
| **4. Contact Details of Nominee** | | | | | |
| Address (Please include Eircode) | | |  | | |
| Email | | |  | | |
| Mobile | | |  | | |
| Phone | | |  | | |
| **5. What is the position you are being nominated for?** | | | | | |
| **Kilkenny Migrant Integration Steering Group** | | | | | |
| **6. Can you confirm this nomination is being made in a voluntary capacity?** | | | | | |
|  | | | | | |
| **7. Have you read the brief associated with the position you are nominated for?** | | | | | |
|  | | | | | |
| **8. Do you understand the role you are nominated for?** | | | | | |
|  | | | | | |
| **9. Can you commit to the role you are nominated for?** | | | | | |
|  | | | | | |
| **10. Candidate Statement (Up to 150 words)**This will be circulated to members ahead of the election (if required). State why you may be the most suitable candidate for the role/ a short biography. | | | | | |
| *Please note Kilkenny PPN is bound by the Freedom of Information Acts legislation.* | | | | | |
| **11. I have read the PPN Rep Charter and will sign up to fulfil this if elected.** | | | | | |
| **Signature of Nominee** | |  | | **Date** |  |
| **12. Authorisation from Organisation of Nominee (Authorised Officer)** | | | | | |
| This nomination must be authorised by the nominee’s organisation so for example “Kilkenny Immigrant Services or Kilkenny African Community”. 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, for example the Secretary or Treasurer. | | | | | |
| **Name** |  | | | | |
| **Position** |  | | | | |
| **Mobile** |  | | | | |
| **Email** |  | | | | |
| **Signature** |  | | | | |
| Thank you for filling in this nomination form. Please submit fully completed forms by  **Email:** kilkennyppn@kilkennycoco.ie **or**  **Post:** Mark the envelope “Migrant Integration Steering Group Nominations, C/O Mags Whelan, Kilkenny PPN, Unit 1A, Hebron House, McDonagh Junction, Kilkenny  For further enquiries email [Kilkennyppn@kilkennycoco.ie](mailto:Kilkennyppn@kilkennycoco.ie) or call **087 1371634/056 7794710**  **Incomplete forms will be deemed invalid.** | | | | | |