



## PPN Representative Candidate Nomination Form

<b>Committee Nominated for:</b>
<b>Candidates Name:</b>
<b>Contact email of Candidate:</b>
<b>Contact telephone Number of Candidate:</b>
<b>Organisation Nominating candidate</b> (must be a PPN Member):
<b>Name of Chairperson of Nominating Organisation:</b>
<b>Signature of Chairperson:</b>
<b>Profile of Candidate:</b> (explain why you feel you are a suitable representative)
<b>Signature of Candidate:</b>

Please use additional paper if required

Please return to [ppnkilkenny@kilkennycoco.ie](mailto:ppnkilkenny@kilkennycoco.ie) or Post to 42 Parliament St, Kilkenny