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