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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:**  |