



PPN Representative Candidate Nomination Form

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:

Please use additional paper if required

Please return to ppnkilkenny@kilkennycoco.ie or Post to Unit 1, Hebron House, McDonagh Junction, Kilkenny



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