

SECRETARIAT NOMINATION FORM

This Nomination is Proposed By: Nominator Name: _____ Nominating Organisation: **Group Pillar/College:** ☐ Community & Voluntary ☐ Social Inclusion Environment **Group Municipal District**: (select only one) ☐ Kilkenny City Piltown ☐ Callan ☐ Castlecomer ☐ Thomastown Are you nominating this candidate to represent the PPN on behalf of your selected pillar, or your municipal district? (select only one) Pillar Municipal District

Candidate Details:

Candidate Name:	
Candidate Email:	
Candidate Phone:	
Please outline the candidate's experience, achievements, and any qualities	that would be
beneficial to the role of representing the PPN (roughly 100 to 150 words)	

We the	e undersigned:		
1)	Confirm that the candidate		(Print Candidate
	Name) is a member of the above organisation.		
2)	Are satisfied that this candidate meets the PPN criter	ria and requirements f	or committee
	representation.		
Signed	(Candidate):	Date:	
Signed	(Nominator):	Date:	

N.B Nomination Form must be fully completed to ensure a valid nomination. In the event of a ballot, information provided on the Form may be circulated to other members of the PPN.

Please use additional paper if required.

Please return the completed form via email to ppnkilkenny@kilkennycoco.ie or by post to Kilkenny PPN, 3rd Floor, Patrick's Court, Patrick's Street, Kilkenny, R95 N28F