#

|  |
| --- |
| **Cork County PPN Nomination Form** |
| **Note: any person who wants to be considered as a PPN Representative, member of the Secretariat, or for another PPN role; must** 1. Complete in full the appropriate nomination form2. Nominees should ensure that they understand the time commitment, required attendance etc. relating to the position applied for [Read our Reps Charter [here](https://corkcountyppn.ie/resources/ppn-representatives-charter/)]3. Be proposed and seconded by 2 members of their own PPN Member Group4. Include a **short Biography (max 200 words) of the nominee** for inclusion on the Ballot Sheet5. Ensure nomination form is returned to Cork County PPN by closing date for applications by **5th November 2021** |
| Committee |
| Choose an item. |
| Nominating Group |
| Click or tap here to enter text. |
| Membership Number You can find your membership number in our members’ directory on our website [here](https://corkcountyppn.ie/cork-county-ppn-members/) |
| Click or tap here to enter text. |
| College |
| **Social Inclusion** [ ]  **Community & Voluntary** [ ]  **Environment** [ ]   |
| 1. Nominee Details  |
|  Nominee name | Click or tap here to enter text. |
|  Nominee address | Click or tap here to enter text. |
|  Nominee Phone Number | Click or tap here to enter text. |
|  Email | Click or tap here to enter text. |
| 2. Proposed by  |
|  Name | Click or tap here to enter text. |
|  Position in Group | Click or tap here to enter text. |
|  Signed by proposer | Click or tap here to enter text. |
| 3. Seconded by  |
|  Name | Click or tap here to enter text. |
|  Position in Group | Click or tap here to enter text. |
|  Signed by Seconder | Click or tap here to enter text. |
|  Signed by nominee |
| Click or tap here to enter text. |
|  Date |
| Click or tap to enter a date. |

|  |
| --- |
| Include a **short Biography (max 200 words) of the nominee** for inclusion on the Ballot Sheet |
| Click or tap here to enter text. |
| Thank you for filling in this nomination form. Please submit fully completed forms by**Email:** **ppn@corkcoco.ie** **or****Post:** Cork County PPN, The Business Growth Hub, Cork County Council, Cork, T12 A243For further enquiries email ppn@corkcoco.ie or call 021 428 5340  **Incomplete forms will be deemed invalid.** |

**This form collects your name, email & phone number only for the purpose of Cork County PPN elections**

**and related communications; it will not be used for any other purpose.**

Notes:

* In the event of more nominations than vacancies available; an election will be held
* A panel will be created following election process to fill any current or future vacant positions
* Cork County PPN Representatives are expected to gather and present the views and opinions of member organisations (including, but not limited to, his/her own group) of the PPN body which elected him/her
* All Cork County PPN Reps are required to sign the Representatives Charter and to adhere to Cork County PPN reporting mechanisms, Constitution, Policies etc.
* PPN representative expenses will be paid in accordance with the Cork County PPN Travel and Expenses Policy
* Cork County PPN is non-political, non-sectarian and adheres to CVSP 8/2018 re PPNs and Engagement in the Political Process