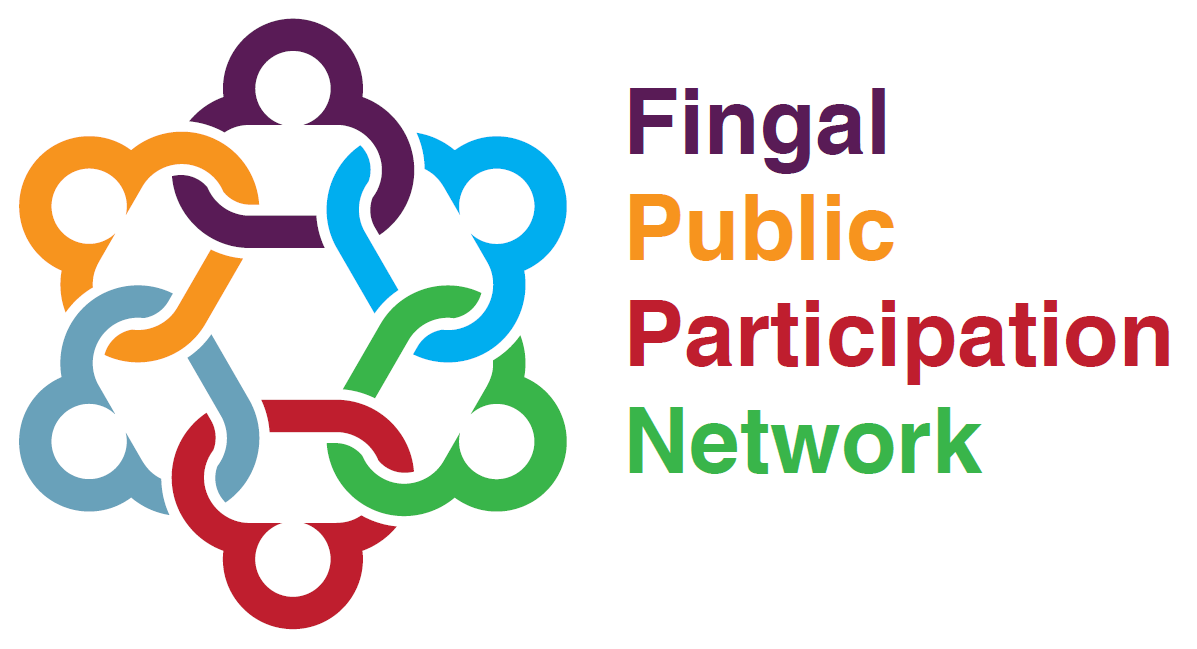
**Fingal Public Participation Network**

**Nomination Form**



**Community Safety, Crime and Policing Linkage Group Facilitator**

**Deadline: 5pm Tuesday 10th November 2020**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fingal Public Participation Network: Nomination Form** | | | | | |
| **Please complete this form in full and in BLOCK CAPITALS.** | | | | | |
| **1. Name of Nominee** | | | | | |
|  | | | | | |
| **2. Organisation of Nominee** | | | | | |
|  | | | | | |
| **3. Pillar of Nominee** (Community & Voluntary, Environment or Social Inclusion) | | | | | |
|  | | | | | |
| **4. Contact Details of Nominee** | | | | | |
| Address (Please include Eircode) | | |  | | |
| Email | | |  | | |
| Mobile | | |  | | |
| Phone | | |  | | |
| **5. What is the position you are being nominated for?** | | | | | |
| **Community Safety, Crime and Policing Linkage Group Facilitator Role** | | | | | |
| **6. Can you confirm this nomination is being made in a voluntary capacity?** | | | | | |
|  | | | | | |
| **7. Have you read the brief associated with the position you are nominated for?** | | | | | |
|  | | | | | |
| **8. Do you understand the role you are nominated for?** | | | | | |
|  | | | | | |
| **9. Can you commit to the role you are nominated for?** | | | | | |
|  | | | | | |
| **10. Candidate Statement (Up to 150 words)** This will be circulated to members ahead of the election. State why you may be the most suitable candidate for the role. | | | | | |
| *Please note Fingal PPN is bound by the Freedom of Information Acts legislation.* | | | | | |
| **11. I have read the PPN Rep Charter and will sign up to fulfil this if elected.** | | | | | |
| **Signature of Nominee** | |  | | **Date** |  |
| **12. Authorisation from Organisation of Nominee (Authorised Officer)** | | | | | |
| This nomination must be authorised by the nominee’s organisation. The Authorised Officer is the organisation’s Chairperson. If the Chairperson and Nominee is the same person, this nomination needs to be authorised by a different office holder. | | | | | |
| **Name** |  | | | | |
| **Position** |  | | | | |
| **Mobile** |  | | | | |
| **Email** |  | | | | |
| **Signature** |  | | | | |
| Thank you for filling in this nomination form. Please submit fully completed forms by  **Email:** [ppn@fingal.ie](mailto:ppn@fingal.ie) **or**  **Hand:** Mark the envelope “Linkage Group Facilitator Nominations, C/O Natasha Bagnall, Fingal PPN” and drop into County Hall Swords or Civic Offices Blanchardstown **or**  **Post:** Nominations, C/O Natasha Bagnall, Fingal PPN, Fingal County Council Civic Offices, Blanchardstown, Dublin 15.  For further enquiries email [ppn@fingal.ie](mailto:ppn@fingal.ie) or call 01 890 6235/ 086 418 3355  **Incomplete forms will be deemed invalid.** | | | | | |