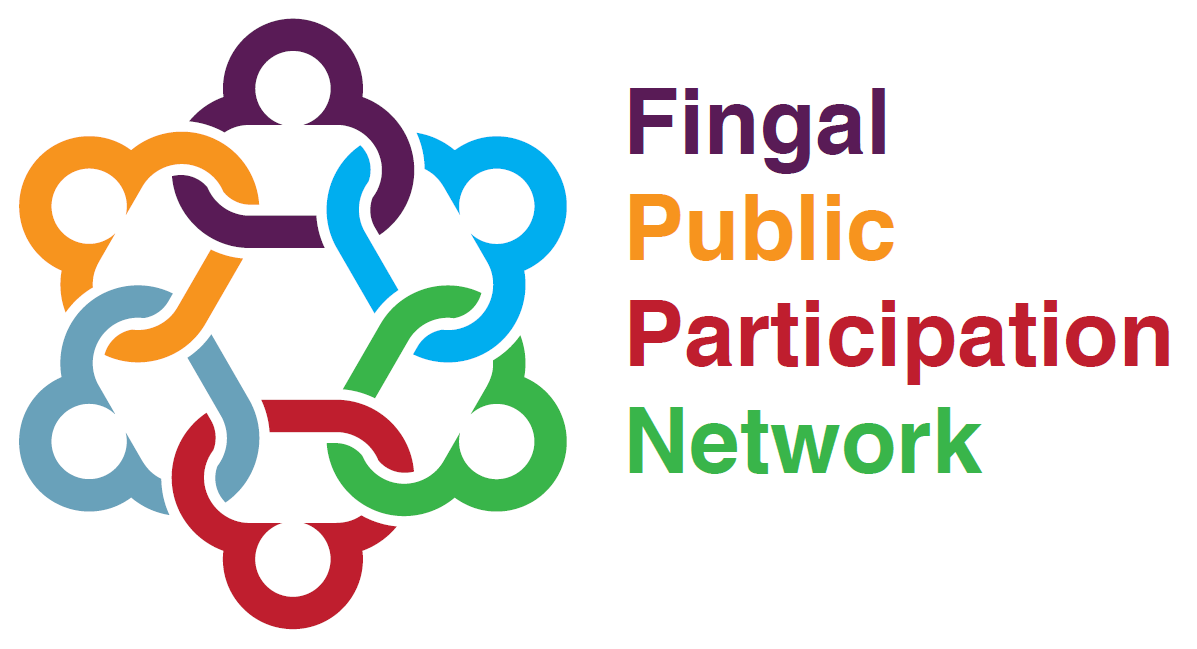
**Fingal Public Participation Network**

**Nomination Form**



**Joint Policing Committee Representative**

**Social Inclusion Pillar– Vacancy**

**Deadline: 5.00pm Friday 14th October 2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fingal Public Participation Network: Secretariat 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) | | | | | |
| Social Inclusion Pillar | | | | | |
| **4. Contact Details of Nominee** | | | | | |
| Address (Please include Eircode) | | |  | | |
| Email | | |  | | |
| Mobile | | |  | | |
| Phone | | |  | | |
| **5. What is the position you are being nominated for?** | | | | | |
| **PPN Representative Joint Policing Committee** | | | | | |
| **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. Do you know of any potential conflict of interest in taking on this role?** | | | | | |
|  | | | | | |
| **10. Can you commit to the role you are nominated for?** | | | | | |
|  | | | | | |
| **11. 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. | | | | | |
|  | | | | | |
| **12. I have read the PPN Rep Code of Conduct and agree to fulfil this if elected** | | | | | |
| **Signature of Nominee** | |  | | **Date** |  |
| **13. 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:** [info@fingalppn.ie](mailto:info@fingalppn.ie) **or**  **Hand:** Mark the envelope “Nominations, C/O Adam Rudden, Fingal PPN” and drop into County Hall Swords or Civic Offices Blanchardstown **or**  **Post:** Nominations, C/O, Adam Rudden, Fingal PPN, C/O Community, Culture & Sports Division, Fingal County Council, Civic Offices, Blanchardstown, Dublin 15.  For further enquiries email info@fingalppn.ie  **Incomplete forms will be deemed invalid.** | | | | | |