

KILDARE PUBLIC PARTICIPATION NETWORK

NOMINATION FORM

I wish to nominate _	(Block	(Capitals)		_	
of					
to be a candidate for	(Address) a position on the				
Please fill out separate Nomination Forms if an individual is applying for more than one position	Please tick as appropriate	Er	conomic Developorvironmental Se	rvices & Water	
On behalf of:				·	
	(Name of Group	o/Organis	sation)		
Section 2					
SIGNED:	NAME OF NOMEN	ATOD			
	NAME OF NOMINA	ATOR			
Position in Nominating Group/Organisation					
SIGNED:	NAME OF SECOND		DATE:		
Position in Nominating Group/Organisation			_ DATE:		
Section 3 (To be	e completed by I	Nominee)			
I wish to confirm that I			accept the n	omination	
of	(Na				
	(Name of Gr	roup/Orga	anisation)		
as a candidate for a	position on the ab	ove SPC.			
igned:					

- Candidates are requested to submit a short profile (not more than 100 words) showing relevant experience in position applied for.
- Elected representatives of Local Authorities cannot be nominated through this process.