

# ELECTIONS

## Nomination Form

### CANDIDATE DETAILS

Name:	
Organisation:	
Address:	
Telephone:	
Email:	

### NOMINATION DETAILS

Please select from the list below and clearly mark with an X which position you are seeking to be nominated for. If you are seeking to be nominated for more than one position on the DtS Partnership, please indicate your order of preference by adding numbers – with 1 being the most preferred position (see guidance notes).

	Discover the Spirit Board	<b>DtS Partnership Positions (please specify order of preference)</b>
	Safer Doncaster Board	
	Healthier Doncaster Board	
	Enterprising Doncaster Board	
	Compact Monitoring & Implementation Group	

### DECLARATIONS

#### Candidate

I agree to be nominated. I understand the expectation that will be made of me if elected. I have read and understand the Role Description for this position and if elected will represent the sector and the Community Empowerment Network.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In order for this nomination to be considered as valid please send a statement of no more than 500 words in support of your nomination, detailing why you are a suitable candidate for this position. This statement can be emailed to [soneill@doncastercvs.org.uk](mailto:soneill@doncastercvs.org.uk) or included with this form.

#### Organisation

I confirm that this nomination is supported by the above organisation (This should be the Manager, Chair or Chief Officer of the group/organisation).

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE RETURN TO:

Samantha O'Neill  
 FREEPOST RLSZ-TBYS-EHEG  
 Doncaster CVS, 5-6 Trafford Court, Doncaster, DN1 1PN

