



## Co Wicklow Public Participation Network

### Nomination Form

<b>1. Responsibility for approval of policy</b>	<b><i>Secretariat</i></b>
<b>2. Responsibility for implementation</b>	<b><i>Resource Worker, Secretariat, Host</i></b>
<b>3. Responsibility for ensuring review</b>	<b><i>Secretariat</i></b>
<b>4. Date of Adoption</b>	<b><i>Thursday 2<sup>nd</sup> December 2021</i></b>
<b>5. Date for Review</b>	

## *Insert Committee* Nomination Form

We \_\_\_\_\_ (Name of Member Group),

A group in the following Municipal District/Pillar

Municipal District/Pillar	Please Tick
<i>Insert as relevant: Options are Pillars: Community &amp; Vol, Environment, Social Inclusion</i> <i>MD: Arklow, Baltinglass, Bray, Greystones, Wicklow, Countywide.</i>	

Nominate the following as a PPN Representative to the *insert Committee Name*

### Nominee Details

Name	
Mobile Number	
Email Address	
Please provide a short paragraph detailing the nominee's interest/experience for the role. This will be shared with member groups and on our website.	

### Nominee Declaration

I understand the role of the Representative, will abide by the Constitution of the PPN and the Representatives Charter and Code of Conduct and will act at all times to further the objectives of the PPN.

I understand that a PPN representative will be representing the Co Wicklow Public Participation Network and not just our group/organisation.

I give permission to Co. Wicklow PPN to share the bio included on the nomination form.

Signed: \_\_\_\_\_ Nominee

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

### Nominating Member Group Declaration

Our group/organisation has our candidate's and members consent to make this nomination.

Our group/organisation supports this representation and understands that the candidate will be representing the Co Wicklow Public Participation Network and not just our group/organisation.

Signed: \_\_\_\_\_ Chairperson/Secretary

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