

Wicklow PPN

Cliff Walk Management Committee Nomination Form

We _____ (Name of Member Group),

A Group in the Pillar /Municipal District

Pillar	Please Tick
Environment	
Municipal District	
Bray	
Greystones	

Nominate the following person, as a PPN Representative to the Cliff Walk Committee.

Nominee Details

Name	
Mobile Number	
Email Address	
Postal 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 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: _____