

## ELECTION TO THE MEMBERS' COUNCIL PUBLIC NOMINATION FORM

Please complete all sections of this form on both pages. Failure to complete all sections indicated by an asterisk (\*) could invalidate your nomination form. It is essential that you read the enclosed guidance notes before completing this nomination form. The notes contain important information and will assist you.

### CANDIDATE'S DETAILS\*

Full Name ..... Date of Birth .....

Contact Address .....

..... Postcode .....

Contact Telephone Number ..... Contact Email Address.....

I wish to stand as a Governor in the following Public constituency of which I am a member:-

**Please tick the box below**

• Tendring	
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**PLEASE NOTE:** Address and telephone information is for the sole use of the Returning Officer, the Association of Electoral Administrators and Colchester Hospital University NHS Foundation Trust so they can contact you about your nomination form and hold your details. This information will remain confidential. See note on second page.

### DECLARATION OF INTERESTS\*

Are you a member of a political party? If yes, which party? .....

Do you have any financial interest in the Trust? If yes, please list .....

If you have no such interests please state 'none' here .....

Such interests will not prevent you from standing, but the information will be circulated to voters as part of your election statement. (Please refer to the guidance notes for more information.)

### DECLARATION OF ELIGIBILITY\*

I, the above named candidate, consent to my nomination and agree to stand for election. I confirm that, to the best of my knowledge, the information provided on (or with) this form is accurate and that my declaration of interests and this declaration of eligibility are true and correct. I also agree to abide by Code of Conduct for Governors of Colchester Hospital University NHS Foundation Trust. (Please refer to the guidance notes for more information.)

I declare that to the best of my knowledge I am eligible to stand for election to the Members' Council for the constituency indicated above, of which I am a member and eligible to vote. I declare that I am not prevented from being a member of the Members' Council by paragraph 8 of Schedule 7 of the National Health Service Act 2006, or by any provision of the constitution of the Trust.

I understand if any declaration on this form is later found to be false I will, if elected, lose my seat on the Members' Council and may have my membership withdrawn.

Signature: ..... Date: .....

