

ELECTION TO THE COUNCIL OF GOVERNORS

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 NumberContact Email Address.....

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

Please tick one box below

• Patient Carer:Outside Catchment	
• Hart	
• Rushmoor	
• Surrey Heath	
• Waverley	

PLEASE NOTE: Address and telephone information is for the sole use of the Returning Officer, the Association of Electoral Administrators and Frimley Park Hospital 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.

Your contact details will remain confidential unless the Trust is required to release them by law. The contact address for candidates published on any published election material will be that of the Returning Officer.

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.

What is your relationship / contact with the Trust? (50 words)

.....
.....
.....
.....
.....
.....

.....
Total number of words used (Maximum 250)

I have emailed my election statement **yes/no** please delete as appropriate

I have attached a photograph **yes/no** please delete as appropriate

I have emailed a photograph **yes/no** please delete as appropriate

ATTACH
PHOTO HERE.
PLEASE PRINT
YOUR NAME
ON THE
REVERSE.

This Trust welcomes nominations from persons of any age (16 or over), race, colour, religious belief, ethnic or national origin, sexual orientation, gender, disability or marital status.

Completed nomination forms must be sent to the **Returning Officer, PO Box 288, Letchworth Garden City, SG6 9EP**. The contact email address is: returning.officer@aea-elections.co.uk. Please see guidance notes for further details.

THE CLOSING DATE AND TIME FOR RECEIPT OF NOMINATION FORMS BY THE RETURNING OFFICER IS NOON ON 11 FEBRUARY 2010