

**ELECTION TO THE COUNCIL OF MEMBERS 2010
 STAFF 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.

SECTION 1: CANDIDATE'S DETAILS*

Full Names Date of Birth

Contact Address

..... Postcode

Contact Telephone Number Contact Email Address.....

I wish to stand as a Council Member in the following class of the Staff constituency of which I am a member:-

Please tick the box below

| | |
|----------------|--|
| • Non-clinical | |
|----------------|--|

PLEASE NOTE: Address and telephone information is for the sole use of the Returning Officer, the Association of Electoral Administrators and Liverpool Heart and Chest Hospital NHS Foundation Trust so they can contact you about your nomination form and hold your details. This information will remain confidential unless the Trust is required to release it by law. The return address for nomination forms will be the address given on any published election material as the contact address for candidates.

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.

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 the Liverpool Heart and Chest Hospital NHS Foundation Trust's Code of Conduct for Council Members. (Please refer to the guidance notes for more information). I declare that to the best of my knowledge as a member of the Trust, I am eligible to stand for election to the Council of Members for the constituency and class indicated above and that I am not prevented from being a member of the Council of Members by paragraph 8 of Schedule 7 of the National Health Service Act 2006, or by any provision of the constitution of the Trust. I also understand if any declaration on this form is later found to be false I will, if elected, lose my seat on the Council of Members and may have my membership withdrawn.

Signature: **Date:**

