

ELECTION TO THE COUNCIL OF GOVERNORS

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.

Completed nomination forms must be sent to the **Returning Officer, Association of Electoral Administrators, 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 TIME AND DATE FOR RECEIPT OF NOMINATION FORMS BY THE RETURNING OFFICER IS NOON ON FRIDAY 27 NOVEMBER 2009

CANDIDATE'S DETAILS*

Full Name Date of Birth

Address

..... Postcode

Contact Telephone NumberContact Email Address.....

I wish to stand as a Governor in the Staff constituency of which I am a member.

PLEASE NOTE: Address and telephone information is for the sole use of the Returning Officer, the Association of Electoral Administrators and Mid Staffordshire 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 it 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.

This Trust is committed to all of the community and would welcome and support nominees from all backgrounds.

