

**ELECTION TO THE MEMBERSHIP COUNCIL  
PUBLIC NOMINATION FORM**

Please complete all sections of this form carefully. Failure to complete all sections indicated by an asterisk (\*) could invalidate your nomination form. Please read the notes in this form before completing this nomination form. They contain important information and will assist you.

Nomination forms must be returned to the **Returning Officer, Association of Electoral Administrators, PO Box 288, Letchworth Garden City, SG6 9EP** no later than 12 noon on **MONDAY 11 MAY 2009**.

**SECTION 1: CANDIDATE'S DETAILS\***

Full Name: .....

Date of Birth: .....

Name how you wish it to appear on the election material:

.....

Contact Address:

.....

.....

Postcode: .....

Contact Telephone Number: .....

Contact Email Address: .....

**PLEASE NOTE:** Address and telephone information is for the sole use of the Returning Officer, the Association of Electoral Administrators and Moorfields Eye 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.

I wish to stand as a Governor of the Membership Council in the following area:-  
(please tick one box only)

North East London & Essex	
South East London	
South West London	

**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 I am not disqualified from standing as a candidate at this election by reason of matters set out in the constitution of the Trust.

I also agree to abide by the Trust's mission statement, a copy of which has been provided and the NHS Core Principles and Moorfields' principles set out in 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 Membership Council and may have my membership withdrawn.

**Signature:** .....

**Date:** .....

**ELECTION STATEMENT**

Please refer to the statement preparation instructions in the guidance notes provided before completing your statement.

You may write up to 100 words and attach a separate page if necessary. If you are able to, it would be helpful if you could **please email your statement** to the Returning Officer at [returning.officer@aea-elections.co.uk](mailto:returning.officer@aea-elections.co.uk)

**What is your experience with this Trust? ( 25 words)**

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

**Why do you wish to become a Governor for this Foundation Trust? (50 words)**

.....  
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.....

**How will you communicate with your constituents? (25 words)**

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

Total number of words used (Maximum 100) .....

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

**SECTION 2: SUPPORTERS' DETAILS\*** (to be completed by two supporters)

**Please note:** each supporter may only support one candidate. If you have already supported one candidate you are not eligible to complete this section. Supporters must be members of the same constituency and class as the candidate.

1) Full Name:.....

Signature: ..... Constituency:.....

Address: .....

.....

2) Full Name:.....

Signature: ..... Constituency:.....

Address: .....

.....

**ARE YOU A MEMBER OF THE MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST?**

In order to be able to support the candidate on Page 1, you, the supporters, must be members of the Trust. If you are not a member, you are not eligible to support the candidate.

You must also be in the same constituency as the candidate. If you are not then you cannot nominate this candidate.

How to sign up:- If you are not already a member and you wish to sign up, please sign below

**Supporter 1:** Signed:.....

**Supporter 2 :** Signed:.....

Your details will be forwarded to the Trust who will sign you up as a member.

**This Trust aims to ensure participation from the diverse communities that it serves and would welcome and support nominees from all backgrounds.**

## NOTES FOR GUIDANCE

### **SECTION ONE: should be completed by the candidate**

- ◆ In order to stand for election a candidate must:-
  1. Be a member of Moorfields Eye Hospital NHS Foundation Trust.
  2. Be a member of the constituency in which they wish to stand for election i.e. Public Constituency
  3. Be over 18 years of age
- ◆ Candidates will be listed in random order on the ballot paper. A candidate's first name will also be listed but not their title.
- ◆ Candidates must sign the declaration of eligibility on page 2 (see reference to the mission statement reproduced below).
- ◆ The following information will be published on each candidate in the biographical statement information which will be circulated with the ballot papers:-
  1. Title (other than Mr, Mrs, Miss, Ms)
  2. An election statement (if provided)
  3. Declaration of interests (compulsory)

Please see pages 6 & 7 for details on the preparation of the election statement.

### **MISSION STATEMENT**

Moorfields Eye Hospital NHS Foundation Trust's mission is to be the leading international centre for excellence in the care and treatment of eye disease and to be at the forefront of research and teaching in the field. To provide a flexible and responsive service guided by patient needs.

To achieve this mission, the Trust will:-

- work to be the provider of choice for patients with eye disease
- be at the leading edge of innovation in ophthalmic practice and in providing new models of patient care
- provide an accessible and cost-effective range of high quality ophthalmic services for patients
- develop and participate appropriately in a world class research strategy with the Institute of Ophthalmology and other academic partners
- embrace employment policies which support recruitment and retention of high calibre staff, recognizing their continuing goodwill as a vital resource
- expand the available sources of income to support the Trust's strategy while containing costs to maximize overall efficiency
- raise national and international awareness of the significance of eye care to the quality of people's lives and of the advances made and continuing to be made in the means to meet ophthalmic needs.

## **SECTION TWO: should be completed by the candidate's supporters**

- ◆ The supporters must be members of the Trust and be eligible to vote in the same constituency as the candidate.
- ◆ A supporter may only support one candidate.
- ◆ The nomination form may be photocopied to obtain the signatures of 2 supporters. If it is photocopied, the photocopied forms and the original must be submitted together and all signatures must be originals (i.e. faxed or photocopied signatures will NOT be accepted).
- ◆ Supporters details are not published.
- ◆ Nomination forms that have not been signed by the candidate or without the required number of supporters will be returned to the candidate within 3 working days by first class post to the address provided. If possible, the candidate will be emailed or telephoned first.

## **CANDIDATE'S ELECTION STATEMENT PREPARATION INSTRUCTIONS**

- You are invited to provide an election statement, on either page 3 of this form, a separate sheet of paper (word processed if possible), or emailed as a word attachment to the Association of Electoral Administrators at [returning.officer@aea-elections.co.uk](mailto:returning.officer@aea-elections.co.uk) clearly identifying to whom it relates.
- Your election statement should describe why you think you should be elected. It will be reproduced and circulated to voters with the ballot paper.
- It must not exceed the word limit. Please state the total number of words used at the end of your election statement.
- Moorfields Eye Hospital NHS Foundation Trust and the Association of Electoral Administrators reserve the right to edit or not to publish an election statement that exceeds the word limit, is factually inaccurate or contains libelous material.
- Failure to provide an election statement by close of nominations will not invalidate your candidacy. Instead, the words 'statement not received' will be published in the space that would have contained your election statement.

## DETAILED RULES RELATING TO STATEMENT PREPARATION

- a) Every word no matter how small e.g. "I", "or", "and", "the" etc will be counted as one word.
- b) Numbers in a block will be treated as one word e.g. "1989", "1/128", "1988/89" and "1988/1989."
- c) Any acronyms or groups of initials will be treated as one word. For example NHS would count as one word. If, however, full titles for acronyms or groups of words are used then they will count as separate words. For example National Health Service will count as three words.
- d) Compound words or hyphenated words will be treated as one word.
- e) All biographical details will be printed using a common typeface and type size font.
- f) Selected words or sentences can be emboldened, capitalised, underlined or placed in italics. Entire election addresses submitted in any of these formats will, however, be reproduced in the common typeface and type size font detailed in Paragraph (e) above.
- g) The use of bullet points and numbering to make separate points is allowed and these will not be counted as words.
- h) Words or phrases can be centered or indented. Boxes around particular words or phrases will not, however, be reproduced.
- i) Your statement may be up to one hundred words in length (subject to the definitions given above in points a-d inclusive) Any part of the statement exceeding that one hundred word limit shall not be reproduced, and the wording 'statement cut at word count' will be inserted at the end of the statement.
- j) In the interests of fairness, your statement will be reproduced exactly as it has been submitted. This means any grammatical or spelling errors will not be corrected. Please check it carefully before you submit it.
- k) It would help the Returning Officer if you could ensure that any handwriting is legible. The Returning Officer will not seek clarification of any illegible words and will make a best considered judgment of the same for reproduction in any documents sent to voters.
- l) The Returning Officer will take care to reproduce your elections statement exactly as you submit it, however, inaccurate reproduction of your election statement will not invalidate the election process nor require the Returning Officer to reprint and recirculate statements. For this reason, you are strongly recommended you send your election statement by email as a word document.
- m) Election statements will be produced in sentence case so the Returning Officer will also make a best judgment as to how to reproduce election statements that are submitted written in upper case.

## CLOSE OF NOMINATIONS

This nomination form must be received by the Returning Officer, c/o Chris Solich, Association of Electoral Administrators, **PO Box 288, Letchworth Garden City, SG6 9EP** no later than **NOON on Monday 11 May 2009**. Any nomination forms received after this time and date will be ruled invalid.

Please be aware that there is no discretion within the election rules to extend the time for delivery of nomination forms for delays as a result of postal disputes or for any other reason. For this reason you are encouraged to return your completed nomination form as soon as possible and to keep a photocopy. Please ensure that you use the correct amount of postage as insufficient postage can delay delivery of your nomination form to the Returning Officer.

If you require any further information on completing this nomination form please contact Chris Solich on 01462 617125 or [returning.officer@aea-elections.co.uk](mailto:returning.officer@aea-elections.co.uk)

The safe return of this form is the responsibility of the candidate. We recommend its safe receipt by the Association of Electoral Administrators is checked by contacting Chris Solich, contact details as given above. All nomination forms received will be acknowledged by post or email to the address provided as soon as possible.