****

**NOMINATION FORM – MEMBER OF COMMITTEE**

(Name of Member Organisation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# HEREBY NOMINATES

(Name in Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to serve as a Member of the Women’s Platform Committee for the period 2024-26

The Declaration and Consent Form, completed by the above named nominee, is attached to this Nomination Form.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name in Capitals)

Being the Authorised Representative of the above Member organisation, certify this nomination on behalf of the organisation.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**N.B.** The person nominated may be any woman over 16 but must be nominated by a **Full Member organisation** in Northern Ireland

**N.B** An electronic signature is accepted