

**ELECTION TO THE MEMBERS' COUNCIL 2011
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 Number Contact Email Address.....

I wish to stand as a Council Member in the following constituency and class of which I am a member –

(please tick one box below)

• Carer	
• Public – Residing in the electoral areas covered by the London Boroughs of Croydon, Lambeth, Lewisham and Southwark	
• Public – The Rest of England and Wales	
• Staff	
• SLAM Service Users – Residing in the electoral areas covered by the London Boroughs of Croydon, Lambeth, Lewisham & Southwark	
• SLAM Services Users – Residing elsewhere	

PLEASE NOTE: Address and telephone information is for the sole use of the Returning Officer, the Association of Electoral Administrators and South London and Maudsley NHS Foundation Trust so they can contact you about your nomination form and hold your details. See note on second page.

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 South London and Maudsley 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 I am eligible to stand for election to the Members' Council for the constituency and class indicated above and also that I am not prevented from being a member of the Members' Council 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 Members' 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.
Please set out your reasons for wanting to be elected, your experience, interests and skills.
You may write up to 250 words and attach a separate page if necessary. If you are able to, it would be helpful if you could **please email your statement and photograph** to the Returning Officer at returning.officer@aea-elections.co.uk

Why do you wish to carry out this role? (150 words)

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What skills do you feel you bring to this role? (50 words)

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

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

Nomination forms must be returned 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 and the contact telephone nos. are: 01462 617125 or 0151 281 8246. If you wish to fax your nomination form, please fax the form to 0151 281 8246.

Note: Your contact details will remain confidential unless the Trust is required to release them by law.

THE CLOSING DATE FOR RECEIPT OF NOMINATION FORMS BY THE RETURNING OFFICER IS FRIDAY 16 SEPTEMBER 2011