

MiP NATIONAL COMMITTEE 2016-17 ELECTION – NOMINATION FORM

Prospective candidates must sign at least one of the nomination forms as confirmation of their willingness to accept the nomination. All fields must be completed. Paper copies must be completed in black ink. Forms may be downloaded from www.miphealth.org.uk or requested from MiP head office on 020 7121 5146 or election@miphealth.org.uk

CANDIDATE INFORMATION	
Name	
How is name to appear on election materials	
MiP membership number	
Employer	
Postal address for election correspondence	
Email address for election correspondence	
Constituency for which you are standing	

NOMINATING MEMBERS:

Nominations must be supported and signed by THREE members. Separate forms will be accepted if a candidate can't meet all three nominating members, provided the candidate signs one.

	Name	Membership no	Email	Signature
1				
2				
3				

ELECTION ADDRESS

Candidates can submit an election address of no more than 250 words with this nomination form or separately. Please include your candidate and constituency information.

Declaration:

I confirm that I am willing to stand in this election. I have read the national committee guide and the guidance on nomination procedures.

Signature:

This nomination form and any election address can be submitted by post to the Chief Executive, MiP, 8 Leake Street, London SE1 7NN, fax to 020 7401 5552 or email to election@miphealth.org.uk

Nomination forms and election addresses must be received by 5pm Monday 28 September 2015.