**MiP NATIONAL COMMITTEE 2024-2025 ELECTION – NOMINATION FORM**

Prospective candidates must sign at least one of the nomination forms to confirm they are willing 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](http://www.miphealth.org.uk) or requested from MiP head office at election@miphealth.org.uk

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| **CANDIDATE INFORMATION** |
| Name |  |
| How your name should appear on election materials |  |
| MiP membership number |  |
| Employer |  |
| Postal address for election correspondence |  |
| Email address for election correspondence |  |
| Constituency for which you are standing |  |

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| **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 one is signed by the candidate. |
|  | 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.

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| **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 must be submitted by email to the Chief Executive by emailing: election@miphealth.org.uk

**Nomination forms and election addresses must be received by 5pm on 18 September 2023**