

ELECTION TO OUR COUNCIL OF GOVERNORS NOMINATION FORM

Thank you for expressing an interest in standing for election to the Trust's Council of Governors.
The Trust welcomes nominations from persons of any age (16 or over), race, colour, religious belief, ethnic or national origin, sexual orientation, gender, disability or marital status.

ALL sections must be completed.

SECTION ONE

CANDIDATE'S DETAILS: PLEASE USE BLOCK CAPITALS

Full Name:.....Title (e.g. Mr, Ms, Dr)

PLEASE NOTE: Your title will not be published on the ballot paper.

Address for Correspondence:

.....
.....Post Code:

Date of Birth:

Contact Telephone Number:.....

Contact Email Address:.....

PLEASE NOTE: Contact information and date of birth is for the sole use of Electoral Reform Services Limited and the 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.

CONSTITUENCY DETAILS: please tick one box only

I wish to stand as a governor in the following constituency:

PUBLIC

- 1. North Manchester
- 2. South Manchester
- 3. Greater Manchester
- 4. Out of Area

STAFF

- 1. Registered Medical Practitioners
- 2. Registered and Non-Registered Nurses
- 3. Non-Clinical and Management
- 4. Social Care and Therapies

NOMINATIONS CLOSE AT 5PM ON TUESDAY 21ST FEBRUARY 2012

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SECTION TWO

ELECTION STATEMENT: See page 3 for Preparation Instructions

Please provide a statement in **no more than 250 words** in total answering the following 2 questions:

1. Why do you want to join the Board of Governors?
2. What qualities do you have that you believe will help in this role?

You can either email us your statement on a Word document clearly stating your name and the election you are standing in **OR** write/type onto a sheet of paper and return with this form.

If you have chosen to email your statement, please remember to also send back this form so there is a record of your consent.

PLEASE NOTE: Your statement will be reproduced **EXACTLY** as it has been submitted. This means any grammatical or spelling errors **WILL NOT** be corrected. Only the first 250 words will be printed on the ballot form so please keep your statement within this number.

DECLARATION OF INTERESTS: You **MUST** declare your interests to be eligible to stand for election

Are you a member of a political party? **YES / NO** (delete as applicable)

If you have answered yes, please indicate

Do you have any financial or other interest in the Trust? **YES / NO** (delete as applicable)

If you have answered yes, please indicate

PLEASE NOTE: If you have answered no to both questions, the word '**none**' will be published as your answer. If you have answered yes, your full answer will be published.

DECLARATION OF ELIGIBILITY:

I, the above named candidate, consent to my nomination and agree to stand for election to the Council of Governors in the constituency indicated in Section One of this form. I also declare that I am a member in that constituency.

I, the above named candidate, hereby declare that I am not:

- a) a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged
- b) a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it
- c) a person who within the preceding 5 years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed on him
- d) excluded by any other provision detailed within the Trust's constitution.

I confirm that, to the best of my knowledge, the information provided on (or in connection with) this form is accurate.

Signature: Date:

CANDIDATE'S PHOTOGRAPH:

Please read the enclosed 'Election Statement Preparation Instructions' before submitting your photograph.

I have emailed my photo to ftnominations@electoralreform.co.uk:

YES / NO (delete as applicable)

If yes, please attach a printed copy of your photograph.

If no, please attach a photo here.

Please print your name clearly on the reverse side of your photograph and glue it here (do not staple)

CLOSE OF NOMINATIONS

The nomination form must be received by the Returning Officer, Electoral Reform Services Limited, The Election Centre, 33 Clarendon Road, London, N8 0NW no later than **5pm** on **TUESDAY 21st FEBRUARY, 2012**. Any nomination form received after this time and date will be ruled invalid. **Please return your nomination form in the special reply envelope provided.**

The safe return of this form is the responsibility of the candidate (you are encouraged to return it by first class post).

All nomination forms received will be acknowledged within 24 hours by first class post to the address provided. If you have not received your acknowledgement after this time, please contact ERS on 020 8365 8909.

If you require any further information or assistance in order to complete this form, please contact Caroline Hinchcliffe at ERS on 020 8365 8909 or email caroline.hinchcliffe@electoralreform.co.uk

CHECKLIST

Please ensure you:

- Are a member of the Manchester Mental Health and Social Care Trust
- Are a member of the constituency you wish to stand for
- Are willing to declare your political and financial interests on this form
- Have completed the Declaration of Interests
- Signed the Declaration of Eligibility on Page 2
- Completed each section of this form
- Submitted your photograph if you have chosen to provide one

PLEASE NOTE:

A hard copy of this form must be sent by the close date to the Returning Officer, Electoral Reform Services Limited, The Election Centre, 33 Clarendon Road, London, N8 0NW.