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| **Nominations from Social Inclusion Pillar** | Nomination Form for DLR PPN Representatives  Local Community Development Committee  Please note that nominations must come from DLR PPN member groups who are part of the Social Inclusion Pillar of the PPN. | |
| **Name of candidate:** | |  |
| **Address of candidate:** | |  |
| **Phone number of candidate:** | |  |
| **Email address of candidate:** | |  |
| **Nominating group:** | |  |
| **Proposer:**  (Chairman / Secretary of Nominating Group) | |  |
| **Email address of proposer:** | |  |
| **Phone number of propose**r:  (to confirm nomination) | |  |

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| **Candidate acknowledges and agrees to represent the PPN Membership in accordance with the Roles, Rights and Responsibilities of a PPN Representative (distributed with this nomination form)** | YES NO |

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| **The experience / skills this candidate would bring to the Local Community Development Committee:** |

***This form should be completed and returned by the proposer to the DLR PPN Secretariat by email to*** [***secretariat@dlrppn.ie,***](mailto:secretariat@dlrppn.ie,) *or* ***by Post*** *to DLR PPN Secretariat, The Old Post Office, 7 Rock Hill, Main Street, Blackrock, Co.Dublin*  ***by 5pm on Friday 6th of April 2018.***