

nomination form

Election to the Council of Governors

WELCOME

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.

CRITERIA: TO BE ELIGIBLE TO STAND FOR ELECTION

Before you proceed, you must first of all check that you meet the following criteria:

1. Be a member of the University Hospitals Bristol NHS Foundation Trust
2. Belong to the constituency you wish to represent
3. Be willing to declare your political and financial interests on page 4 of this form

HELP COMPLETING THIS FORM

If you require any further information or assistance to complete this form, or if you require the nomination form in large print, Braille, audio or another language, please contact Ciara Norris at Electoral Reform Services (ERS) on 020 8365 8909 or email ciara.norris@electoralreform.co.uk

CLOSE OF NOMINATIONS

PLEASE RETURN THIS FORM BY 5PM on TUESDAY 4 APRIL 2017

After you have completed all sections of your nomination form, simply return it in the special reply envelope you have been provided with. You can also send a scanned copy of your completed form to ftnominations@electoralreform.co.uk

Please ensure it is received by the Returning Officer, Electoral Reform Services Limited, no later than **5PM on TUESDAY 4 APRIL 2017**. It won't be possible for you to stand in this election if your nomination form is received after this time.

All nomination forms received will be acknowledged within 24 hours by first class post to the address provided on page 2 of this form. If you have not received your acknowledgement after this time (or if you are sending your form close to the deadline), please contact Ciara Norris on 020 8365 8909 or email ciara.norris@electoralreform.co.uk to check that we have received your form.

If you have mislaid your reply envelope, please send your nomination form to Electoral Reform Services Limited, The Election Centre, 33 Clarendon Road, London N8 0NW.

Thank you for taking the time to complete this nomination form.

YOUR DETAILS (PLEASE USE BLOCK CAPITALS)

Full Name:

Name as you wish it to appear on the election material (if different to Full Name):

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

Home Address:

Post Code: Date of Birth:

Contact Telephone Number:

Contact Email Address:

Please note: Your home address, telephone number and email address are for the sole use of ERS and the Trust so they can contact you should they need to. This information will remain confidential unless the Trust is required to release it by law.

YOUR CONSTITUENCY

Please indicate which constituency you belong to. Please tick one box only.

Public

☐

North Somerset

☐

Bristol

Patient

☐

Local

☐

Carer of Patients under 16 years

Staff

☐

Non-clinical Healthcare Professionals

☐

Medical and Dental

☐

Nursing and Midwifery

If you are an existing governor in this constituency, please tick here: ☐

YOUR PHOTOGRAPH

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

You are invited to submit a photograph of yourself, to be published alongside your statement in the election statement booklet. While you are welcome not to submit one, providing a photograph can help voters to identify you.

You can affix your photograph to this form by gluing it to the space provided or by emailing it to ftnominations@electoralreform.co.uk

Please tick here if you have emailed your photograph ☐

YOUR ELECTION STATEMENT: WHY YOU WOULD LIKE TO BE A GOVERNOR

Your election statement, describing why you think you should be elected, will be circulated to voters as part of the election statement booklet accompanying the ballot paper.

Before you start writing your statement, we recommend that you read the enclosed 'preparing your election statement' document.

You can handwrite your statement in the space below, attach a copy to this form or email it to ftnominations@electoralreform.co.uk

Please tick here if you have emailed your statement ☐

Your statement will be reproduced word for word so remember to read it through carefully and check for any mistakes before you submit it.

Why do you wish to carry out this role?

What skills do you feel you bring to the role?

Any other information that you feel is relevant?

Total number of words (max 250)

Please note that voters won't get to read any words that exceed the word limit so please ensure your statement is no longer than it should be.

DECLARATION OF INTERESTS

Are you a member of a political party?

YES ☐

NO ☐

If you have answered yes, please let us know which one

Do you have any financial or other interest in the Trust?

YES ☐

NO ☐

If you have answered yes, please let us know what your interest is

Please note: Where you have answered no, the word 'none' will be published as your answer.

DECLARATION

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

I declare that I am resident at the address detailed in Section 1 of this form. I declare that to the best of my knowledge I am eligible to stand for election to the Council of Governors for the seat named in Section 1 of this form. I declare that to the best of my knowledge I am not de-barred from standing for election by any of the provisions detailed above. I declare that I have stated details of any of my political membership and any financial interests I have in the Trust at Section 2 of this form. I understand that if any of these declarations are later found to be false I will if elected lose my seat on the Council of Governors and may also have my Membership withdrawn. I endorse the principles of the National Health Service and in particular that healthcare should be available to everyone regardless of age, income or ethnicity and is based on need, not the ability to pay, as well as being free at the point of delivery.

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

Signature:

Date:

! Remember to sign the declaration before returning your nomination form.
■ Your nomination form won't be valid without your signature.

CHECKLIST

Before returning your nomination form, please ensure you have:

Please tick

☐

Completed all sections

☐

Signed the declaration above

☐

Checked your statement for accuracy and the maximum number of words

☐

Provided a photograph if you would like one published in the election statement booklet