

ELECTION TO THE MEMBERS' COUNCIL 2012

NOMINATION FORM

You are being invited to stand for election to the Members' Council 2012.

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.

Please read the '**Notes for Guidance**' on page 3 and the enclosed document before completing this form.
ALL sections must be completed.

SECTION ONE

CANDIDATE'S DETAILS: PLEASE USE BLOCK CAPITALS

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

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

PLEASE NOTE: Your title will not be published on the ballot paper.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: Address and telephone information 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 member in the following constituency:

PUBLIC:

1. ☐ Rest of England & Wales
2. ☐ Oxfordshire
3. ☐ Buckinghamshire

PATIENT:

1. ☐ Service Users
(Mental Health)
2. ☐ Patient
(Community Services)

STAFF:

1. ☐ Specialist Secondary
Mental Health

NOMINATIONS CLOSE AT NOON ON TUESDAY 21ST FEBRUARY 2012

CANDIDATE'S PHOTOGRAPH:

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

The attached photograph has been emailed to ERS at ftnominations@electoralreform.co.uk:

YES / NO (delete as applicable)

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

PHOTOGRAPH:

Your name:

.....
.....

Your constituency (if applicable):

.....
.....

NOTES FOR GUIDANCE

SECTION ONE: to be completed by the candidate

In order to stand for election a candidate must fulfil the following criteria:

1. Be a member of the Oxford Health NHS Foundation Trust
2. Be a member of the constituency they wish to stand for
3. Be willing to declare their political and financial interests on this form

SECTION TWO: please read the enclosed 'Election Statement Preparation Instructions'.

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 **NOON** 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 John Box at ERS on 020 8365 8909 or email john.box@electoralreform.co.uk

CHECKLIST

Please ensure you have: Please tick each box

- ☐ Signed the Declaration on Page 2
- ☐ Completed each section of this form
- ☐ Submitted your photograph if you have chosen to provide one

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