OFFICE USE ONLY



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 BL	OCK CAPITALS			
Full Name:Title (e.g. Mr, Ms, Dr)				
Name as you wish it to appear on the election PLEASE NOTE: Your title will not be published on the ballot		lame:		
Address for correspondence:				
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:	PATIENT:	STAFF:		
 Rest of England & Wales Oxfordshire 	^{1.} Service Users (Mental Health)	^{1.} Specialist Secondary Mental Health		
3. Buckinghamshire	² Patient (Community Services)			

SECTION TWO
ELECTION STATEMENT: Please read the enclosed 'Election Statement Preparation Instructions' before writing your statement.
Total No. of Words(Max 250)
The above statement has been emailed to ERS at ftnominations@electoralreform.co.uk: YES / NO (delete as applicable)
Remember to read through your statement carefully before returning your nomination form.
DECLARATION OF INTERESTS: You MUST declare your interests to be eligible to stand for election (see criteria on page 4)
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.
DECLARATION:
I, the above named candidate, consent to my nomination and agree to stand for election to the Members' Council in
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 be
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 of the convicted in the British Islands of any offence if a sentence of imprisonment of the convicted in the British Islands of the Convicted in the Convi
(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.
a, oxerated by any enter provident detailed within the trusts constitution.
I confirm that, to the best of my knowledge, the information provided on (or in connection with) this form is accurate.

2

OFFICE USE ONLY Ref:				
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 E	OR GUIDANCE			
SECTION ONE: to be completed by the candidate				
In order to stand for election a candidate must fulfil the following	a criteria:			
 Be a member of the Oxford Health NHS Foundation Trust Be a member of the constituency they wish to stand for 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				
C Please ensure you have: Please tick each box	HECKLIST			

☐ Signed the Declaration on Page 2☐ Completed each section of this form

 $\hfill \square$ Submitted your photograph if you have chosen to provide one

This page is intentionally blank