



Use Your Voice

Could you be our next Governor?

If you would like to be elected to the Council of Governors in 2021, you can start by filling in this Nomination Form.



Please return this form by 5PM on FRIDAY 8 OCTOBER 2021

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.

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 Hutchinson at Civica Election Services (CES) on 020 8889 9203 or email ciara.hutchinson@cesvotes.com

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 Chelsea and Westminster Hospital NHS Foundation Trust
2. Belong to the constituency you wish to represent
3. Be willing to declare your political and financial interests on page 5 of this form

Your details (please use BLOCK CAPITALS)

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

Full Name:

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

Home Address:

Post Code:

Date of Birth:

Contact Telephone Number:

Contact Email Address:

PLEASE NOTE Use of the personal information (data) you have provided:

- your personal information will be used for the purpose of this nomination and for any ballot or appointment that may be required and for no other purpose.
- your personal information will remain confidential unless the Trust is required to release it by law.

Your constituency

I wish to stand as a governor in the following constituency of which I am a member: (please tick one box only)

Patient constituency

☐ Patient —5 seats

Public constituencies

☐ London Borough of Ealing — 1 seat

☐ London Borough of Hounslow — 2 seats

☐ London Borough of Richmond upon Thames — 2 seats

☐ London Borough of Wandsworth — 1 seat

Staff constituency

☐ Nursing and Midwifery — 1 seat

Please contact the Corporate Governance team on chelwest.corporategovernance@nhs.net if you are unsure in which constituency you are eligible to stand in.



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

If you require an explanation of the above questions, please contact Ciara Hutchinson on 020 8889 9203.

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

Declaration of eligibility

Name:

I, the above named candidate, declare that I am eligible to be a governor of Chelsea and Westminster Hospital NHS Foundation Trust, and that:

1. I am not under sixteen years of age;
2. I am not a Director of the Foundation Trust, or a governor or director of a health service body (unless they are appointed by an appointing organisation which is a health service body);
3. I am not the spouse, partner, parent or child of a member of the Board of Directors of the Foundation Trust;
4. I am not a member of a local authority's Overview and Scrutiny Committee covering health matters;
5. (If a member of one of the public constituencies or the patients' constituency) I do not refuse to sign a declaration in the form specified by the Secretary of particulars of my qualification to vote as a member of the Foundation Trust, and I am not prevented from being a member of the Council of Governors;
6. I am not subject to a sex offender order;
7. I have not been adjudged bankrupt, nor has sequestration of my estate has been awarded and (in either case) I have not been discharged;
8. I am not the subject of a bankruptcy restrictions order or an interim order;
9. I am not a person in relation to whom a moratorium period under a debt relief order applies (under part 7A of the Insolvency Act 1986);
10. I am not disqualified to act as a director under the Company Directors Disqualification Act 1986;
11. I have not made a composition or arrangement with, or granted a trust deed for, my creditors and have not been discharged in respect of it;
12. I am not a person who, within the preceding five years, has been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed;
13. I am not a person who within the preceding two years has been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
14. I am not a person who within the preceding two years has been subject to a disciplinary sanction within the Trust;
15. I am not a person whose tenure of office as the Chairman or as a member or director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
16. I am not a person who has been disqualified from being a member of a relevant authority under the provisions of the Local Government Act 2000;
17. I have not been a governor who has been removed from office at the Trust;
18. I have not been determined a vexatious complainant in accordance with the Trust's complaints procedure;
19. I am not otherwise excluded by any other provision detailed within the Trust's constitution. The constitution is available at www.chelwest.nhs.uk/get-involved;
20. I will comply with the Trust Constitution and with the Governor Code of Conduct.

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 complete the declaration of interests and sign and date the eligibility section before returning your Nomination Form.

The Nomination Form will not be valid without being signed and dated.

How to return this form

THIS FORM MUST BE RECEIVED BY 5PM on FRIDAY 8 OCTOBER 2021

Once you have completed all sections of your nomination form you may return it in the special reply envelope provided or email it to fnominations@cesvotes.com

Please ensure it is **received** by the Returning Officer, Civica Election Services, no later than **5pm on Friday 8 October 2021**. It will not 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 in writing to the contact address you have provided. We strongly recommend that you contact Ciara Hutchinson on 020 8889 9203 to check that we have received your form. This is very important if you have sent it close to the deadline or if you have not received an acknowledgement.

If you have mislaid your reply envelope, please return your nomination form to the Returning Officer, Civica Election Services, The Election Centre, 33 Clarendon Road, London N8 ONW.

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

Membership

All candidates standing for election must be members of the Chelsea and Westminster Hospital NHS Foundation Trust.

If you are not a member you must apply for membership immediately to validate this nomination and allow it to continue. **You can join through our website at www.chelwest.nhs.uk/get-involved**

Checklist

Before returning your Nomination Form, please ensure you have:

Please tick

- ☐ Completed all sections
- ☐ Signed the declaration on page 5
- ☐ Completed your election statement (failure to provide an election statement will invalidate your candidacy)
- ☐ Checked your election statement for accuracy and the maximum number of words
- ☐ Provided a photograph for inclusion in the election statement booklet if you have chosen to provide one