



Use Your Voice

Could you be our next Governor?

If you would like to be elected to the Council of Governors in 2017, you can start by filling in this Nomination Form.



H3079_P3

Please return this form by 5pm on TUESDAY 17 OCTOBER 2017

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 Norris at Electoral Reform Services (ERS) on 020 8365 8909 or email ciara.norris@electoralreform.co.uk

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):	<input type="text"/>
Full Name:	<input type="text"/>
Name as you wish it to appear on the election material (if different to Full Name):	<input type="text"/>
Home Address:	<input type="text"/>
Post Code:	<input type="text"/>
Date of Birth:	<input type="text"/>
Contact Telephone Number:	<input type="text"/>
Contact Email Address:	<input type="text"/>

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

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

Patient

☐ Patient – 1 seat

Public constituency

☐ City of Westminster – 1 seat

☐ London Borough of Richmond upon Thames – 1 seat

☐ Royal Borough of Kensington and Chelsea – 1 seat

Staff constituency

☐ Contracted – 1 seat

☐ Medical and Dental – 1 seat

Please contact the Board Governance Manager vida.djelic@chelwest.nhs.uk if you are unsure in which constituency you are eligible to stand in.



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 attached 'preparing your election statement' document.

Email it to ftnominations@electoralreform.co.uk, or if you wish to return the form by post, handwrite your statement in the space below or attach a copy to this form.

Please tick here if you have emailed your election statement ☐

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

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 election statement is no longer than it should be.

Your photograph

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

The Trust asks that you provide a photograph with your nomination form, although applications without this will be accepted. If you do provide a photograph, it will be published alongside your election statement in the ballot pack. Providing a photograph can help voters to identify you.

Email it to ftnominations@electoralreform.co.uk, or if you wish to return the form by post, affix your photograph to this form by gluing it to the space provided.

Please tick here if you have emailed your photograph ☐



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 Norris on 020 8365 8909.

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

Declaration of eligibility

I, the above named candidate, consent to my nomination and agree to stand for election to the Council of Governors in the constituency indicated on page 3 of this form. I also declare that I belong to that constituency.

I, the above named candidate, hereby declare that I am eligible to stand for election and that I am not:

- a) under sixteen years of age;
- b) 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);
- c) the spouse, partner, parent or child of a member of the Board of Directors of the Foundation Trust;
- d) a member of a local authority's Overview and Scrutiny Committee covering health matters;
- e) being a member of one of the public constituencies or the patients' constituency, refuse to sign a declaration in the form specified by the Secretary of particulars of your qualification to vote as a member of the Foundation Trust, and that are not prevented from being a member of the Council of Governors;
- f) subject to a sex offender order;
- g) been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
- h) made a composition or arrangement with, or granted a trust deed for, their creditors and have not been discharged in respect of it;
- i) a person who within the preceding five years 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;
- j) a person who within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- k) 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;
- l) excluded by any other provision detailed within the Trust's constitution. The constitution is available at www.chelwest.nhs.uk/get-involved

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

The Nomination Form won't be valid without being signed and dated.

Close of nominations

After you have completed all sections of your nomination form, simply return it to ftnominations@electoralreform.co.uk. If you wish to return the form by post, please send it to Electoral Reform Services Limited, The Election Centre, 33 Clarendon Road, London N8 0NW.

Please ensure it is received by the Returning Officer, Electoral Reform Services Limited no later than **5pm on TUESDAY 17 OCTOBER 2017**. Any Nomination Forms received after this date and time will be declared invalid.

All nomination forms received will be acknowledged 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.

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