



Use Your Voice

Could you be our next Governor?

If you would like to be elected to the Council of Governors in 2020, you can start by filling in this Nomination Form.



Photo taken pre-COVID-19

Please return this form by 5PM on FRIDAY 16 OCTOBER 2020

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 8365 8909 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 — 2 seats

Public constituencies

☐ London Borough of Hammersmith and Fulham — 1 seat

☐ London Borough of Kensington and Chelsea — 1 seat

Staff constituencies

☐ Contracted Class — 1 seat

☐ Management Class — 1 seat

☐ Medical and Dental Class— 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.



Photo taken pre-COVID-19

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@cesvotes.com, 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@cesvotes.com, 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 Hutchinson on 020 8365 8909.

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 sign and date the declaration of interests and eligibility 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 16 OCTOBER 2020

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

Please ensure it is **received** by the Returning Officer, Civica Election Services, no later than 5PM on **Friday 16 October 2020**. 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 to the address provided on page 2 of this form. We strongly recommend that you contact Ciara Hutchinson on 020 8365 8909 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.

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