**Nomination Form – Trainee Committee (Tenure 2021 – 2023)**

* **All nominees, proposers and seconders must be subscribing Members of the College.**
* If the number of received membership applications exceeds ***7***then an email survey ballot will be held. The information provided in the nominee’s separate application form will be distributed amongst currently subscribing NCHD members of the College on **20/05/21**, with voting closing on **02/06/21**.

**I second the above nomination:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Seconder)

 *(BLOCK CAPITALS)*

**Signature of Seconder:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I consent to the CPsychI retaining this information for the purposes of the Trainee Committee Election 2021* **¨**

**CPsychI Membership No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** ……………………

**I propose the following nominee as a member of the Trainee Committee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Nominee)

 *(BLOCK CAPITALS)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Proposer)

 *(BLOCK CAPITALS)*

**Signature of Proposer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I consent to the CPsychI retaining this information for the purposes of the Trainee Committee Election 2021* **¨**

**CPsychI Membership No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** ……………………

**I accept the nomination for membership of the Trainee Committee:**

**Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I consent to the CPsychI retaining this information for the purposes of the Trainee Committee Election 2021* **¨**

**Date: ……………………………**

**Please return completed form to:**

*Vivienne Keeley by email only at* *vkeeley@irishpsychiatry.ie*

*by no later than 5pm on Monday, 17th May 2021*