Nomination Form

Trainee Committee (Tenure 2023 – 2025)

* **All nominees, proposers and seconders must be subscribing Members of the College.**
* If the number of received membership applications exceeds ***9*** 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 **24/05/23**, with voting closing on **07/06/23**.

**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 2023* **¨**

**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 2023* **¨**

**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 2023* **¨**

**Date: ……………………………**

**Please return completed form to:**

*Iryna Pariyarath by email only at* [*iryna@irishpsychiatry.ie*](mailto:iryna@irishpsychiatry.ie)

*by no later than 5pm on Thursday, 18th May 2023*